

DORSET COUNTY COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

T. W. STALLYBRASS, M.D., D.P.H.

FOR THE YEAR 1938.

CONTENTS.

Vital Statistics			•••	•••	•••	•••	•••		Page 5
General Provision	of Health	Services	;	•••	•••	•••	•••		6
Maternity and Chi	ld Welfar	re		•••	•••	•••		•••	8
Water Supplies	•••	•••	•••	· • •	• • •	•••	•••		13
Drainage and Sewe	erage	•••	• •		•••	•••	•••		14
Pollution of Stream	ns	•••	* * 6	. 6.4	• • •	•••	•••		16
Housing	•••	•••	•••	c.•	•••	* * 0	•••		16
Milk Supplies	•••	•••	0 * 6	• • :	•••	* • •	•••	•••	18
Food and Drugs	•••	•••	• • 3	* . •	• • :	• • •	•••		19
Infectious Disease	•••	•••	•••	•	* * *	* . *		•••	23
Venereal Disease	•••	•••	•••	• • •			•••	•••	24
Blind Persons Act		•••	•••		•••	•••		•••	25
Cancer	•••	•••	•••	•••	•••	· • •		•••	26
Tuberculosis	•••	•••	•••	•••			•••	•••	26
Tables	•••	•••	•••	•••	•••	•••	4 - *	•••	33

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

PUBLIC HEALIH OFFICERS OF	THE AUTHURITI.
Name. (1) County Medical Officer of Health:—	Qualifications.
STALLYBRASS, THEODORE WILLIAM	M.D., D.P.H., Barrister-at-Law.
(2) Other whole-time Medical Officers:—	
Clinical Tuberculosis Officer:—	
Clark, Arnold	M.D., M.R.C.P.
County Pathologist :—	
Cooper, Thomas Valentine (appointed 1.8.38) M.B., B.S.
Assistant County Medical Officers:—	
SMITH, GRAHAM UDALL	M.B., D.P.H., D.T.M.
Walters, Enid Margaret Evans, Leonora Sybil	M.B., B.S. M.R.C.S., L.R.C.P., D.P.H.
Morgan, David Frank	M.B., Ch.B., D.P.H.
Thompson, John W. P.	M.B., D.P.H.
Dear, James Duncan also M.O.H., Portland U.D.)	M.B., Ch.B., D.P.H.
Mawson, Kenneth Noel (appointed 1.1.38, resigned 31.10.38—also M.O.H., Wareham Borough, Swanage Urban and Wareham	
Rural Districts) PAYTON, CARRICK GORDON (appointed 1.7.38 —also M.O.H., Shaftesbury Borough, Shaftesbury and Sturminster Rural Dis-	M.B., Ch.B., D.P.H.
	M.D., Ch.B., D.P.H.
tricts)	M.D., Ch.D., D.T.H.
(3) Part-time Medical Officers:—	
Orthopaedic Surgeon :— Forrester-Brown, Maud Frances	M.S., M.D.
Aural Consultants:—	
GRAY, ADAM	M.D. M.B., B.S.
Salkeld, Charles Salkeld, Roy	F.R.C.S., L.R.C.P.
X-Ray Treatment of Ringworm and Radiologist:-	
Malpas, Douglas Duncan	M.B., M.R.C.S.
	п.р., п.н.с.о.
Radiologists:— HEATH, FRANCIS HAROLD RODIER	M.R.C.S., L.R.C.P.
PIMM, ALLAN	M.R.C.S., L.R.C.P.
Consultant Oculists :—	
Ross, Percy Alexander	F.R.C.S. (Edin.), L.R.C.P.
Colley, Thomas	M.B., Ch.B., F.R.C.S. (Edin).
Aynsley, Thomas Rutherford	M.B., B.S., D.O.M.S.
Emergency Medical Officer, Dorset County Home:—	M.R.C.S., L.R.C.P.
FOUNTAIN, EDWARD DANCE	W.R.O.S., L.R.C.F.
Medical Officer, "Beckford" Home:— GRAHAM-CAMPBELL, RONALD WALTER	F.R.C.S.
	` .
(4) County Nursing Superintendent:— Mackintosh, Miss B. R., M.R. San. I.,	Orthopaedic Sister :— Paton, Miss E. H., C.S.M.M.G.
S.R.N., S.C.M.	Tuberculosis Visitor and Radiographer: -
	BISHOP, MISS A. F., S.R.N. (appointe 1 12.12.38)
Health Visitors:	CDN CON
BARKER, MISS M. H. (resigned 30.9.38) EDWARDS, MISS A.	S.R.N., S.C.M. S.R.N., S.C.M., H.V. CERT.
Elliott, Miss K.	S.R.N., S.C.M.
Hodge, Miss M. O'Bryen	S.C.M., H.V. CERT.
Jorgensen, Miss P. K. Keohane, Miss M.	S.R.N., S.C.M., H.V. CERT.
Morris, Miss M. (appointed 1.4.38)	n n n
Read, Miss L. M.	" " "
Scott, Miss J. A. Symes, Miss M. (resigned 31.3.38)	11 11
TRUSCOTT, MISS M. S. R.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
WHITELEY, MISS E.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,

(5) Venereal Diseases Clinics (part-time Officers):—					
Mann, Dr. E. W.	Dorchester Clinic.				
Sumner, Dr. F. W.	Dorchester Clinic.				
Armitage, Dr. J. J.	Salisbury Clinic.				
Facey, Dr. W. E.	Boscombe Clinic.				
(6) Obstetric Consultants:—					
Specialist.					
Name.	Address.				
Dr. D. A. MITCHELL, M.D., F.R.C.S. (Edin.) Dr. NICHOLSON-LAILEY, F.R.C.S. (Eng.)	2, Gay Street, Bath. 2, Stepswater Terrace, Wellington Road, Taunton.				
Dr. N. F. Lock, F.R.C.S. (Eng.)	5, Barnfield Crescent, Exeter.				
Dr. J. J. Armitage, M.R.C.S., L.R.C.P.	26, Endless Street, Salisbury.				
DR. R. GORDON LUKER, M.D., F.R.C.S.	"Stagsden," Westcliff Road, Bournemouth.				
(Edin.), M.R.C.P., F.C.O.G.	Fivourage 01 Wentworth Avenue Personale				
Dr. C. Heygate Vernon, F.R.C.S.	Fiveways, 91, Wentworth Avenue, Boscombe.				
Local (Non-specialist) :—					
Dr. K. J. T. Wilson, M.B., Ch.B.	Brentry, Blandford.				
Dr. F. B. Oliphant, M.B., C.M.	Dorset House, Bridport.				
DR. H. A. LAKE, M.D.	The Yews, Beaminster.				
Dr. T. Russell Stevens, F.R.C.S.	West Walks, Dorchester.				
Dr. F. W. Sumner, M.D., F.R.C.S. Dr. H. F. Lumsden, M.B., B.Ch.	The Gables, Dorchester. Springfield, Lyme Regis.				
Dr. P. N. Cook, M.B., B.S.	Marven, Uplyme, Lyme Regis.				
Dr. J. C. A. Norman, M.R.C.S., L.R.C.P.	Hadleigh House, Broadstone.				
Dr. J. Myles Caie, M.B.	Oaklands, Shaftesbury.				
DR. D. ARNOTT, M.B.	Oaklands, Shaftesbury.				
Dr. T. MacCarthy, M.R.C.S., L.R.C.P. Dr. John Whittingdale, M.B., F.R.C.S. (Eng.)	Fermain House, Sherborne. Wharton, Sherborne.				
DR. B. S. HOLLICK, M.R.C.S., L.R.C.P.	The Lindens, Sturminster Newton.				
DR. D. W. DE JERSEY, M.B., M.R.C.S., L.R.C.P.	Audley House, Burlington Road, Swanage.				
DR. R. L. HORTON, M.S., F.R.C.S.	2, Westerhall Road, Weymouth.				
Dr. R. M. D. Devereux, M.B., B.Ch., B.A.O.	22, Trinity Road, Weymouth.				
Dr. C. B. Thomson, F.R.C.S. (Eng.)	30, West Street, Wimborne.				
(7) Matrons of County Sanatoria:—					
Butler, Miss A. E. (Beckford Home).					
Hoe, Miss D. B. J. (Dorset County Home).					
Senior Dental Officer :—	County Analysts:—				
Mainwaring, Charles Eric, L.D.S.	Dr. R. P. Charles, M.D., F.I.C. (excluding Pocle and Weymouth Boroughs).				
	Dr. B. Dyer, F.I.C. (Weymouth Borough).				
Dental Officers :—	,				
Bradley, Stanley, L.D.S.					
PRETTY, PHILIP JOHN, L.D.S.	Clerical Staff:—				
SIM, MISS VIOLET, L.D.S.	Mr. C. E. Matthews, M.S.M. (Chief Clerk).				
(8) Officers under the Poor Law Acts:—					
Number of Medical Relief Districts	66				
Number of Districts included in above u					
Number of District Medical Officers	21				
Number of D.M.O's. who are whole-time	Officers Nil				
Medical Officer	rs of Institutions :—				
	ame of Medical Officer.				
Blandford (Casual Wards only					
SHAFTESBURY	DR. D. ARNOTT.				
STURMINSTER	Dr. B. S. Hollick.				
Dorchester	Dr. H. T. L. Broadway.				
Weymouth Poole	Dr. J. D. Dear. Dr. N. H. R. Hatfield.				
WAREHAM	Dr. J. A. B. Snell.				
Wimborne	Dr. B. R. Parmiter.				
BEAMINSTER	Dr. H. A. Lake.				
Bridport Weymouth Children's Homes					
WEYMOUTH CHILDREN'S HOMES	Dr. G. W. OLIPHANT.				
	DR. J. D. DEAR.				
Poole Children's Homes Dorchester Children's Home	Dr. J. D. Dear. Dr. J. C. A. Norman.				

(5) Venereal Diseases Clinics (part-time Officers) :-

VITAL STATISTICS. (See Tables I. and III.).

Area (acres)			• • •		 	622,843.
Population (estimated 1					 	252,240.
Rateable value for whole	le County, 1st A	pril, 193	38		 •••	£1,706,622.
Estimated produce of a				y, 1938-39		$\tilde{f}_{6,821}$.

Population. According to the estimates of the Registrar General the population of the County in 1938 was 252,240, an increase of 2,400 on the previous year. In the Urban Districts the population was 157,900 and in the Rural Districts it was 94,340. The Urban Districts, therefore, show an increase of 2,000 and the Rural Districts an increase of 400.

Births. The number of live births registered in the County was 3,535, and the live birth rate calculated per thousand of the population was therefore 14.0. The live birth-rate for England and Wales was 15.1.

Rates in past	decennium	ı :—								
Year	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
No. of Live Births	3740	3705	3551	3430	3311	3366	3459	3395	3454	3535
Live Birth-rate	15.5	15.4	14.8	14.3	13.6	13.8	14.0	13.6	13.8	14.0

Deaths. The number of deaths registered in the County was 3,095, and the crude death-rate therefore calculated per thousand of the population was 12.2. The death-rate for England and Wales was 11.6.

The corrected death-rates for the Urban and Rural Districts, taking into consideration the age and sex distribution of the population as shewn at the foot of Table I., are as follows:—

Urban Districts: 10.05. Rural Districts: 10.1.

Crud ear o, of Dead eath-rate	le Death Ra this	ntes in p 1929 3042 12.8	ast decenn 1930 2975 12.6	ium :— 1931 3054 13.0	1932 2994 12.5	1933 2873 11.8	1934 2903 11.9	1935 2971 12.0	1936 3003 12.0	1937 3175 12.7	1938 3095 12.2
The	chief cause	s of dea	th were a	s follows	:						
	Heart Dise	ase			845	Pneum	onia				144
	Cerebral H	aemorrh	age		204	Bronch	itis		•••		78
	Other circu	latory d	liseases		197	Other 1	respirator	y diseases			28
	Cancer .				437		ulosis:—				
	9				132	Pι	ılmonary				90
		••			33	No	on-Pulmo	nary		•••	26
	Other viole	ence			106						
	Influenza				30						
	Congenital	debility	, premat	ure							
	birth,	malforn	nation, et	tc.	93						

Infantile Mortality. One hundred and fifty-five infants died under one year of age. The number of live births in 1938 was 3,535, and the infant death rate therefore, per 1,000 live births, was 43. The rate for England and Wales was 53.

Rates in past decennium:—

Year				1932						
No. of Deaths										
Infantile Mortality	48	46	49	48	45	43	38	47	46	43

Legitimate Infants:—

Ye: **N**o

> No. of births 3362 No. of deaths 148

Death Rate per 1,000 legitimate live births—44.

Illegitimate Infants :-

No. of births 173 No. of deaths 7

Death Rate per 1,000 illegitimate live births—40.

Maternal Mortality. The maternal deaths numbered 12 for the year. Five of these deaths occurred in the Borough of Poole and 1 in the Borough of Weymouth out of a total of 1,079 and 505 births respectively. In the remaining area of the County 6 deaths occurred out of a total of 2,089 births. The rate for the County as a whole, therefore, amounted to 3.2, whereas the rate for the County Area, excluding the Boroughs of Poole and Weymouth, which are their own Maternity and Child Welfare Authorities, amounted to 2.8. The rate for England and Wales was 3.08.

Rates in past decennium:-

Year	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
No of Deaths	17	21	17	10	11	18	14	13	13	12
Maternal Mortality	4.3	5.4	4.6	2.8	3.1	5.1	3.9	3.7	3.6	3.2

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory facilities. The County Laboratory was finally established and opened for work during the latter quarter of the year. The Pathological portion of the Laboratory has alone been opened in the first instance and this employs a whole-time County Pathologist with three trained Laboratory Assistants, two intrained boys and a Clerk. Provision has, however, also been made for the ultimate establishment of a Chemical Laboratory under a whole-time Chemist and Analyst.

The work of the Laboratory since its opening has developed at a speed considerably greater than was expected and is eloquent testimony of the urgent need of its establishment.

In deciding on the administrative scheme, the work was divided into two main categories, as follows:—

Schedule A. Specimens of Public Health Importance. This includes work which in the main is the responsibility of both the Public Health and Housing Committee of the County Council and the Sanitary Authorities in the County. Further, it includes the examination of milk samples for the Milk and Dairies Acts Committee and the Ministry of Agriculture and Fisheries (the latter Authority having agreed to pay a fee of 15/- per sample for the pathological test for the presence of Tubercle Bacilli). The Bacteriological examination of water which is primarily the responsibility of the Sanitary Authorities is also included.

Schedule B. Routine Pathological Investigations. These are necessary for the effective working of Hospitals, Clinics and the diagnosis of the more difficult cases in practice, e.g., the examination of blood in the anaemias, microscopy of operation specimens, the bio-chemical investigation of blood and urine.

The bulk of this work had previously been sent out of the County and facilities close at hand will no doubt be welcome and the authorities and individuals should be willing to pay for them.

A list of tests under both Schedules was drawn up, together with a list of charges for those tests included under Schedule B, and the following scheme was then adopted:—

- (i) That the County Council offer free facilities for all specimens of public health importance as shown in Schedule A with the exception of those received from the Ministry of Agriculture and Fisheries, for which a charge should be made as above.
- (ii) That free facilities be also offered for all specimens in Schedule B in the case of all patients in County Council Institutions or for whom the County Council is directly responsible.
- (iii) That voluntary hospitals within the County be also allowed to send specimens of public health importance, but that they be asked to pay for non-public health specimens in accordance with Schedule B or any agreements that may be entered into later.

Note.—From experience of costs it has been found that most of this latter type of work can be offered at about 4/- per test (not per specimen).

- (iv) That private practitioners within the County be allowed to send non-public health specimens on payment of fixed charges in accordance with Schedule B in respect of their private or panel patients.
- (v) That facilities be offered to the Chief Constable and police surgeons with regard to any specimens they may wish to send which are within the scope of the laboratory.

It will be noted that recipients of outdoor medical relief included in item (ii) above are now in a better position regarding these facilities than panel patients under National Health Insurance who are required to pay for tests in Schedule B.

Dorchester County Clinic. This Clinic is housed in the lower storeys of the building containing the County Laboratory and was also opened during the last quarter of the year. The accommodation has since proved very satisfactory and led to greatly improved efficiency in the work carried out.

The Tuberculosis Dispensary forms a central Dispensary for the County apart from that of Poole and with adequate X-Ray facilities on the spot enables work to be carried out that could not be carried out previously in the small Dispensaries elsewhere. The X-Ray facilities have also proved a great boon to work in connection with the Maternity and Orthopaedic Services. The fact that a Laboratory is now also available and in the same building means that patients attending the Clinics can be examined in a way that could never be done before.

Mental Deficiency. The procedure in connection with the disposal of certified defectives has been modified during the past year to the extent that my recommendations regarding individual cases are now submitted to the Statutory Committee. Further, defectives on licence now receive the same medical supervision previously only received by cases under guardianship.

Whole-time Medical Officers of Health. Effect was given to the scheme adopted by the County Council in 1934 by the appointment within a period of nine months of whole-time Officers to three different combined areas in the County. Dr. Dear was appointed as Medical Officer of Health for Portland and Assistant County Medical Officer from 1.10.1937. Subsequently from 1.1.1938 Dr. Mawson took up a similar appointment in the Wareham and Swanage area, but unfortunately, only served for a short period before tendering his resignation as a result of obtaining a similar appointment in a nearby County at the same salary but with defined increments in addition.

On 1.7.1938, Dr. Payton took up his appointment for the area in the north of the County. This latter appointment includes Shaftesbury Borough, Shaftesbury Rural District and Sturminster Rural District with the County Council alone in the first instance, the two Sherborne Districts only to be added at a subsequent date when vacancies occur.

It will be recollected that a whole-time Officer had previously been appointed for the Lyme Regis, Beaminster and Bridport Districts and there now remains, therefore, only two areas outstanding that will be covered by the scheme in due course.

The scheme seems to have worked smoothly though the actual allocation of time originally proposed between the Sanitary Authorities and County Council has had to be varied in the light of actual practice.

In the north of the County, so far from the Medical Officer having been able to allocate approximately five-eights of his time to the County Council, during the first six months of his appointment it was found that not more than one-sixth had been actually available for County Council work, and it therefore seems unlikely that when he takes over the duties in connection with the two Sherborne Districts in addition that he will have any time at all available for County Council work. This matter has been recently the subject of discussion with the District Councils concerned and it is hoped to have further conferences shortly.

In the Portland area on the contrary it was found that the time originally allotted to the County Council, namely one-half, was hardly sufficient for the County Council work and as approximately one-quarter of the Officer's time appeared to be sufficient for his work as Medical Officer of Health for Portland, an adjustment on these lines was subsequently made with the concurrence of the Portland Urban District Council.

The appointment for the Isle of Purbeck area including Wareham and Swanage appears to have worked out more or less on the lines of the original allocation, namely, half-time County Council and half-time divided between the three District Councils.

It will be recollected that in the West Dorset area the District Councils chose to make a whole-time pointment without the help of the County Council, considering that the Medical Officer would be fully ployed as such and would have no time for County Council work.

In all these appointments it will be realised that there are two unknown factors, namely, the capac ty of the individual appointed and the amount of work required by District Councils. On the contrary, the work required by the County Council is more or less always a known quantity. The scheme, therefore, can only be regarded as a guide open to variation if necessary and in this connection it may be considered doubtful when the two Blandford and two Wimborne Districts combine to make an appointment whether it will not be considered that the work for the four Districts justifies the appointment of a whole-time Medical Officer of Health for the four Districts only as in the case of West Dorset without calling on the County Council to take a share in the services of the Officer.

It is becoming apparent that the time of a Medical Officer of Health is considerably affected by the number of different District Councils he is serving, and the number of their meetings that he is required to attend, and that these are factors of relatively greater importance than the size of the area and its population.

In both the North and West County areas the Medical Officers of Health have been accommodated in single offices and supplied with Clerks. This seems quite essential where a number of different Councils are being served and should receive urgent consideration in the Wareham and Swanage area where without such facilities the Medical Officer of Health is understood to have experienced difficulty in co-ordinating his work.

MATERNITY AND CHILD WELFARE.

Notifications and Registration of Births in County Area during 1938 :-

Number of Births Registered (including still births)—Legitimate 1986 Illegitimate 103 Total 2089 Number of Births Notified— Live Births 1866 Stillbirths 71 Total 1937

The number of Births notified by Midwives was 1,548, by Doctors and Parents 389.

Infant Deaths—Legitimate 81. Illegitimate 4. Total 85. Infantile mortality rate 42. 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 Rates in past decennium 49 43 49 42 44 46 36 46 43 42

Maternal Mortality. Maternal deaths numbered 6, the same as last year, giving a maternal mortality rate of 2.8 deaths per thousand births.

1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 4.4 4.9 3.2 2.1 4.7 Rates in past decennium 3.7 1.9 2.4 2.8 2.8

The maternal deaths recorded during the year included two cases of women ordinarily resident in the County but whose confinements took place elsewhere, namely, in Bournemouth and London.

Of the four deaths which occurred in the County area one was in the home of the patient and due to complications arising in the puerperium. The remaining three cases occurred in Hospital. One of these showed signs of Toxaemia early in pregnancy and was admitted to Hospital for ante-natal treatment. The second had been admitted to a booked maternity bed in hospital and died as a result of difficult labour. The third died in hospital fourteen months after confinement of Uraemia but has been classified by the Registrar General as a maternal death owing to having suffered from Toxaemia of pregnancy.

No deaths from Puerperal Sepsis were recorded and in this connection it may be noted that in the scheme of treatment for Puerperal Sepsis provision is made for the supply of expensive drugs such as those of the Prontosil Group or Sera to practitioners in the case of patients who are unable to afford them.

Arrangements have been made for the Dorset County Hospital and the Blandford and Shaftesbury Hospitals to supply emergency units to enable staffs of maternity departments or equipment to be available for the treatment in their own homes of maternity patients whose condition is such as to make it hazardous to remove them to hospital in the first instance. So far, however, these units have not been called upon for service.

A Blood Transusion Service established at the Salisbury Infirmary by which stored blood was made available in the homes of the patients was used in two cases and is believed almost certainly to have possibly saved the lives of the two patients. A blood transfusion service should be available at all hospitals.

Administration of the Midwives Acts.

During the year 352 visits of inspection were made by the County Nursing Superintendent to all midwives in the County area and the condition of their clothing, instruments and appliances reported upon.

The number of certified midwives on the County Register at the end of the year was 115.

The number of cases attended by midwives during the year was as follows:-

(a) as midwives—976. (b) as

(b) as maternity nurses—764.

The number of cases during the year in which a midwife considered it necessary to send for medical help was 502 compared with 418 in 1937.

As noted in last year's Report, the increase is due to some extent, to the fact that ante-natal care is becoming more general year by year, so that abnormalities detected at ante-natal clinics are referred to private practitioners for treatment. Other factors are the greater proportion of primigravidae booked by midwives and the tendency of practitioners to arrange to attend cases if medical aid is required by the midwife, rather than to book the cases themselves during pregnancy.

The anxiety aroused by the National Campaign for safer motherhood also cannot be neglected as a potent factor in the additional number of Medical Aid forms issued by midwives. This is to be commended rather than discouraged.

Particulars of these calls are as follows:—

No. of calls due to emergencies arising during pregnancy No. of calls due to emergencies arising during labour, excluding perineal		98
No. of calls due to perineal tears only	.,.	127
No of calls due to abnormal condition of infant		57
	TOTAL	502

The number of calls during the past five years is given below:—

1934	1935	1936	1937	1938
371	342	309	418	502

An important modification of the Rules of the Central Midwives Board was introduced during the year to the effect that a midwife is now no longer under an obligation to send for the doctor of the patient's choice. This was intended to facilitate a recommendation in the recent Report on Maternal Mortality that the best obstetric skill should be available in all cases in which midwives were required to send for a doctor.

It has been suggested that in consultation with local organisations of Registered Medical Practitioners a panel should be drawn up of those practitioners willing to be called in by midwives in an emergency and that an advisory committee for the area should be set up to scrutinize the list and to make from time to time any recommendations as may seem desirable for the purpose of securing and maintaining a high standard of obstetric practice on the part of the practitioners included on the list. Midwives on first being booked would be required to request their patients to select a practitioner from the list to be called in in the event of an emergency.

Considerable difference of opinion has been expressed at meetings with the local organisations of Practitioners and no further steps have therefore been taken in the matter as yet; the present position being that midwives are in a position of being able to use their discretion as to whom they call in. Possibly for the time being this is the best solution of the matter.

The other notifications received from midwives during 1938 were as follows:-

Of still-birth		• • •		18
Of death of mother				1
Of death of child		•••	•••	11
Of laying out of dead			•••	30
Of liability to be a source	e of infec	tion		72
Of artificial feeding	•••			29
Of disinfection	•••	•••	•••	104

Still-births. Number of still-births notified during the year 71

The system of Stillbirth enquiry cards, begun last year, has been continued and appropriate action taken where necessary. This may entail writing to the patient to attend at a clinic for advice, or writing to the patient's own doctor.

It is satisfactory to note that as a result of this system, several patients have responded well to advice and treatment directed to the safeguarding of their health and the prevention of subsequent stillbirths.

Ante-Natal Care.

The attendances at Ante-Natal Clinics during the year ended 31st December, 1938, were as follows:—

Name of Clinic.	Total number of attendances during year.	Number of Expectant Mothers who attended during year.	Number of times Clinic opened.	
Beamister	49	17	11	
Blandford	110	46	21	
Bridport	80	27	19	
Dorchester	597	156	51	
Portland (Tophill)	373	76	51	
Shaftesbury	48	22	12	
Sherborne	188	60	21	
Swanage	71	26	21	
Wareham	117	63	23	
Wimborne	.,.,	60	23	
Tota	1 1778	553	253	

The number of pregnant women receiving ante-natal care is steadily increasing year by year and more women now present themselves for examination early in pregnancy in order to avail themselves of the facilities offered under the Scheme.

During the year 357 uninsured women who were unable to attend clinics due to difficulty of transport, were examined by general medical practitioners under the County Scheme and therefore a total of 910 were examined in all compared with a total of 700 last year. The figure of 910 represents 46.9% of the total notified births live and still.

Consultant Ante-Natal and Post Natal Clinics have been established at the Cornelia Hospital, Poole, and the Dorset County Hospital, Dorchester.

Authorities issued for dental treatment for expectant and nursing mothers numbered 166 as compared with 122 in 1937. This Scheme is working well and the effect of treatment on the health of the patients is highly satisfactory. A happy feature of the Scheme is the striking benefit to the health of the mother which is observed in subsequent pregnancies.

Grants of Milk. No change has been made in the Scheme outlined in the Annual Report for 1937 for granting milk to expectant and nursing mothers. It provides for an adequate supply of milk to all necessitous expectant and nursing mothers and children under 5 years residing in the County area.

During the year $5.816\frac{7}{8}$ gallons of liquid milk were supplied under the Scheme and 5.469 lbs. of dried milk were issued by Voluntary Associations operating in the area of the Council.

Obstetric Consultants.

Applications for the opinion of a consultant were received from doctors in 15 cases during the year, and duly authorised.

Eight of these cases were referred for consultation during the ante-natal period and the other seven for complications of labour or the puerperium. As a result of the consultations six cases were treated in hospital including three for Caesarean Section.

Maternity Beds.

The number of maternity patients admitted to beds in hospital under the County Scheme was 107 as compared with 92 in 1937. The following table shows the number admitted during the year to the various hospitals:—

Name of Hospital.		No. Admitted.	Average Length of Stay.
Weymouth and District		8	24.5 days.
Dorset County		27	21.4
Cornelia Hospital, Poole		37	20.1 ,,
Salisbury Infirmary		16	18.7 ,
Yeatman Hospital, Sherborne		10	18.5 ,,
Royal Victoria Hospital, Bournemouth		9	18.6 ,,
· ·			
Total	s	107	20.3 ,,

The details of these cases are as follows:-

A. Booked Cases-74.

Cases admitted :-

	Cases au	mitted .—				
	(1)	Owing to complications of previous pregnancy only	•••	• • •	•••	8
	(2)	Owing to complications of present pregnancy				45
	(3)	For other than medical reasons	· • •		•••	21
B.	Emergency	Cases—33.				
	Adn	nitted for complications of pregnancy or labour				30
	Oth	er than medical reasons				3
						107

Of the 74 booked cases 39 were primagravidae and 35 multiparae.

Of the 33 emergency cases 15 were primagravidae and 18 multiparae.

One maternal death was recorded. The patient, a primagravida, was admitted when she was $5\frac{1}{2}$ months pregnant owing to toxaemia of pregnancy.

There has been no notable change in the maternity accommodation at Public Assistance Institutions in the County since the position was reviewed in the Annual Report of 1936. 47 maternity patients were admitted to beds in the Institutions during the year compared with 38 in 1937.

Maternity and Child Welfare Centres.

The attendances at the centres are shown in the following table:—

`ame of Centre.	Total ni attendances		attendanc	imber of es for first ring year.	I otal nu attended dur who at end	No. of	
	Under 1 yr.	Between 1-5 years.	Under 1 yr.	Between 1-5 years.	Under 1 yr.	Between 1-5 years.	openings.
Beaminster	299	419	34	9	35	65	50
Bere Regis	148	447	18	3	17	62	23
Blandford	253	582	47	27	33	98	24
*Bridport	284	182	31	10	28	50	27
*Dorchester	1241	642	119	72	67	118	52
Ferndown	364	491	42	15	28	53	24
Gillingham	223	361	19	13	13	49	50
Lyme Regis	C08	524	20	4	17	26	50
*Portland (Underhill)	749	339	49	20	38	85	.51
*Portland (Tophill)	690	583	45	11	36	88	50
Sherborne	665	1162	51	37	61	112	51
Swanage	,1307	998	77	5	64	156	50
Wareham	782	1133	51	9	44	149	52
Wimborne	1081	1350	74	23	56	122	51
Totals	8694	9213	677	258	537	1233	605

^{*} County Council Centres. The others are Voluntary Centres receiving a grant in aid.

The numbers increase steadily year by year, although the attendance of children between 1 and 5 years is still unsatisfactory at some of the Centres.

The figure of 677 children who attended for the first time under one year of age represents 36.2% of the notified live births compared with 30.9% in 1937.

The facilities for the dental treatment of children under 5 years of age, first provided at the end of 1937, are made use of to an increasing extent and 83 children in this category were treated in 1938.

The dental scheme is worked in conjunction with that for children attending Elementary Schools. Parents of pre-school children requiring treatment are advised to ask the Head Teacher of the nearest Elementary School to enter the children's names for examination and treatment at the dentist's next visit to the School. The ease with which treatment can be arranged should lead to better and more regular dental supervision and should be a means of preventing pain and inability to masticate suitable food due to carious teeth, which at present are very prevalent among pre-school children. Head Teachers co-operate enthusiastically in the working of the Scheme, but unfortunately a great majority of parents do not yet realise the importance of sound teeth to the health and well-being of their children.

It is noted that the number of children attending the Centres who are entitled to medical treatment under the Public Medical Service established in the County by the General Practitioners is obviously growing. The service is of great value to the child and one of its advantages is that disease and defects detected at the Centres in routine examinations can be promptly treated by the family doctor.

The early treatment of Whooping Cough by vaccine therapy, which is practised by some practitioners in the County, has proved highly valuable for children referred from Centres and is a good example of the benefit derived from the service.

Infant Visiting.

No change has been made in the arrangements for infant visiting during the year. As stated in the Annual Report for 1937, all Health Visitors are now appointed by the County Council on a full-time basis and are eligible for the benefits of the Superannuation Act.

The following is a record of the number of visits made:—

First Visits to Infants under one year of age .		•••	•••	•••	 1976
Total number of Visits to Infants do.		•••	•••	•••	 13265
Total number of Visits to children between the ages	s of 1 and 5 ye	ears			 17860

Child Life Protection.

The following table summarises the position for the twelve months ended 31st December, 1938:-

No. of children on Register on 1st January, 1938	•••	•••	87
No. of new children received during year	•••	•••	61
No. of removals from Register during year			74
No. of children on Register on 31st December, 1938			74
No. of Reports made by Child Protection Visitors during year			355
No. of Foster-Parents at the end of the year	•••		48

There has been no change in the general administration of this service which was fortunate to receive a visit of inspection by an Inspector of the Ministry of Health during the year. The attention of the Inspector was specially drawn to a home for children of very old standing but which had given considerable cause for anxiety in recent years. As a result the home was subsequently closed.

Three private schools were exempted during the year under Section 219 of the Public Health Act, 1936.

Hospital Treatment—Children under 5.

Thirty children under five years of age received hospital treatment under the Maternity and Child Welfare Scheme during the year compared with nineteen in 1937. Seventeen of these were admitted for orthopaedic treatment to the Bath and Wessex Hospital or the Swanage Children's Hospital; one was admitted to the Royal South Hants and Southampton Hospital, two were admitted to the Weymouth and Dorset County Royal Eye Infirmary and ten were admitted to other hospitals for minor operations.

Orthopaedic Treatment.

The following table shows the attendance at the orthopaedic clinics during the year:—

	CASES.								ATTENDANCES.							
Clinic.	Educa Comm		Public Comr	Health nittee.	Public Assis-	Weyn Boro	nouth ough.	Total.	Educ	ation nittee.		Health nittee.	Public Assis- tance.		nouth ough.	T-4.1
	Elem.	Sec.	C.W.	Tub.	tance Ctee.	Edu.	P.H.	Total.	Elem.	Sec.	C.W.	Tub.	Ctee.	Edu.	P.H.	- Total
dport dport dport de dtesbury rborne ymouth mborne sbury ovil	35 76 — 30 27 13 37 1	2 8 -4 4 3 12	4 33 — 15 11 3 6 1	8 22 16 2 6 12 12	4 6 -1 -3 1 			53 149 16 52 48 34 68 2	73 146 ———————————————————————————————————	3 15 5 9 7 15 	9° 71 27 21 4 7 2 3	19 41 48 4 10 27 19	9 10 — 1 — 6 3 — —			113 287 48 95 95 68 107 3
	*209	33	*73	*67	*11	2	2	*397	420	54	144	168	29	2	2	819
vister. ndford dport chester tlaud ftesbury rborne anage reham ymouth mborne isbury	36 43 73 27 24 30 10 18 6 43 1	7 4 18 -4 5 2 2 7 16 16 **64	6 10 37 12 18 19 7 5 3 12 1	2 6 5 3 2 2 3 4 3 7 3 7	1 4 8 1 1 14			52 67 141 42 48 57 23 28 23 75 2	191 186 363 161 68 105 39 115 22 172 2	37 15 74 — 4 10 30 2 16 55 —	17 34 175 50 42 76 26 9 7 53 2	7 17 17 3 2 7 15 17 38 16 —	1 25 33 — — — — — — — — — — — — — — — — — —			253 277 662 214 116 198 110 143 83 302 4
al number)	-			J						-					·
patients o attended Surgeon's	326	72	135	72	22	2	2	631				To	OTAL AT	TENDANO	ES	3181

^{*}After allowance is made for cases attending more than one clinic.

Sister's

Nursing Homes.

At the end of the year there were 9 registered homes in the County Area. All are inspected periodically by the County Medical Staff.

Ten hospitals in the County were granted exemption certificates (renewable annually) in accordance with Section 192 of the Public Health Act, 1936.

As recommended by the Ministry medical practitioners are circulated from time to time with a request to notify the existence of any unregistered home.

WATER SUPPLIES.

The year has been noteworthy for an extensive initiation of regular periodical bacteriological examination of water supplies in nearly all districts following the receipt of the circular from the Ministry of Health in March urging the necessity for this procedure. The County was fortunate in that the establishment of the County Laboratory at Dorchester coincided with the starting of this activity and in consequence much expense to County districts has been avoided.

In conformity with a progressive policy of Public Health the services of the County Laboratory have been made free to all County districts in connection with the examination of their water supplies and there can be little doubt that this service has been much appreciated.

Boroughs and Urban Districts. All new supplies provided during the year would appear to be restricted to extensions of existing mains chiefly in Dorchester, Poole and Swanage.

Chlorinating plants were installed in Dorchester and Sherborne. In the former case this was only done as a result of unsatisfactory bacteriological reports on what had previously been considered a safe supply. The question was followed up subsequently when it was found that the pollution was due to a defective sewer and this was then at once remedied. It cannot be too strongly stressed, however, that chlorination is only one line of defence and that where water is treated in this way it is important that regular analysis should also be made of the raw water in order to detect any pollution that may at times occur. A detailed memorandum on the subject has recently been issued by the Ministry to all Authorities concerned.

A number of privately owned wells have been closed as a result of unsatisfactory reports and in Sherborne the question of private supplies being used in businesses dealing with the preparation of or in connection with food supplies has received consideration.

Rural Districts. A new pipe supply from the Shaftesbury Waterworks has been provided for Shroton village in the Blandford Rural District where there have previously been many complaints of shortage, and extensions of the same supply have been carried out in the Iwerne Minster, Fontmell Magna and Compton Abbas Parishes of the Shaftesbury Rural District.

In the Dorchester Rural District extensive new supplies have been provided to the Parishes of Cerne Abbas, Godmanstone, Piddlehinton, Piddletrenthide and Puddletown from the well at Charminster; to Buckland Newton from the supply owned by the Sturminster Rural District Council, and to Watercombe, West Knighton and part of West Stafford from the Weymouth Waterworks. A private supply at Winterborne Stickland that has been the cause of much complaint in the past has been improved during the year.

Extensions of the southern Parishes' water supply scheme in the Sherborne Rural District have been carried out in the Parishes of Hermitage, Hillfield and Holnest, and a new supply has been provided for the village of Cranborne in the Wimborne and Cranborne Rural District.

DRAINAGE AND SEWERAGE.

In response to inquiries the following information has been received from the County Districts with regard to any deficiencies known to exist and of any new works carried out during the year:—

The effluent of the Sewage Disposal Works was analysed twice during the year and a

,,

Boroughs and Urban Districts.

BLANDFORD

SWANAGE

135

2630

	good report was received on both occasions.
BRIDPORT	All new drains have been water tested and several old drains smoke tested, and renewed where found defective. A chlorination plant has been erected and sewage is chlorinated during summer months. A sewage scheme estimated to cost £12,000 reported last year has not yet been commenced.
Dorchester	New 9in. sewer in King's Road. Main sewer from Damers Barn to Poundbury was found to be defective and repaired.
Lyme Regis	The old stone culvert, Broad Street, was replaced by a pipe sewer and manholes New tidal flat valves were fitted to the outfalls.
Poole	Wallisdown and Hamworthy areas sewerage completed. Creekmoor area sewerage tender accepted.
PORTLAND	New Works:—Drainage of Pensylvania Castle and six cottages by construction of automatic ejector, pumping and collecting chamber, 653ft. of 6in. sewer, 210ft. of 4in. sewer and 209ft. of 3in. cast iron delivery main.
Shaftesbury	None.
SHERBORNE	There is nothing to note.

876 yards of 9in. sewer on New Housing Estate.

8in.

6in.

WAREHAM The sewerage extension to the added areas was started about the middle of October

of this year, and when completed it will be a good thing for those areas, as it was badly needed. There are only 20 houses in the old part of the Borough not connected with the sewer, 6 of these have water flush to cesspools and 14 earth closet pails. Up to the

present they have been satisfactory.

WEYMOUTH Completion of sewerage scheme at Upwey, Broadwey, Radipole and Lanehouse, and

reconstruction of the sewerage works in the Borough.

WIMBORNE Application for loan £80,000 for joint scheme made to Ministry of Health.

Rural Districts.

BEAMINSTER No change from last year. No new houses allowed without proper means of sewage

disposal. Crude sewage is still run untreated into the river from Beaminster.

BLANDFORD

BRIDPORT At Bexington sewage is run untreated to the beach where it forms a lagoon. At Burton

Bradstock sewage is run untreated into the river. At Charmouth effluents from various septic tanks pollute the ditches in the centre of the village. It has been decided to instal treatment plants for groups of houses in Burton Bradstock, because of the difficulty of levels. There is a projected sewerage and sewage disposal scheme for Charmouth. Extensions to the sewers in Bradpole and Bothenhampton are proposed for 1939. All new drains are hydraulically tested, and no new houses are allowed with-

out proper means of sewage disposal.

DORCHESTER None.

SHAFTESBURY Iwerne Minster Sewerage Scheme—continuation. A survey of Gillingham has been

carried out by Engineers, prior to the submission of a sewerage scheme to the Council.

Complaints received regarding discharge of slop water into the stream at Longburton SHERBORNE

and temporary works, consisting of 9in. asbestos pipes anchored to the bed of the stream with a small sedimentation chamber, have been completed. Thornford. It is

hoped to complete this Scheme during 1939.

Consulting Engineers have been engaged and have reported to the Council concerning STURMINSTER

a preliminary scheme for sewage disposal in the Parishes of Stalbridge, Marnhull,

Sturminster Newton, Okeford Fitzpaine, Child Okeford, Shillingstone, and Stourton

Caundle.

There is still more need for an up-to-date drainage system at Corfe Castle, Langton WAREHAM

Matravers, Bere Regis and Studland.

WIMBORNE Conditions are bad at Cranborne and also in the Eastern portion of the Rural District.

A scheme is being prepared and is under consideration for the Parishes of Colehill,

Hampreston and West Parley.

In the past the question as to whether the County Council would give any grants in connection with water and sewerage schemes has cropped up from time to time and in general these applications have been dealt with on their merits. The case of the proposed joint sewerage scheme for the two Wimborne Districts may be cited as an example. Regulations have recently been adopted by the County Council and future applications will be dealt with in accordance with these Regulations which briefly include the following main principles:—

- That as a general rule contributions be limited to Rural Districts and that applications from Borough or (1) Urban Councils be not entertained save in exceptional circumstances.
- No grant shall exceed the amount which the District Council may determine to contribute as part of their general expenses under the powers conferred upon them by Section 190 (4) of the Local Government Act,
- (3) It should be a condition precedent to the payment of any annual contribution that the County Council shall be satisfied on the certificate of the County Medical Officer that the works have been efficiently maintained.

POLLUTION OF STREAMS.

Gillingham. The pollution of the River Lodden which is a tributary of the River Stour, by sewage from Gillingham was reported last year. Since that date a consulting engineer has been appointed to report on the possibilities of a scheme of sewerage and sewage purification for the parish and it is understood that his report is now receiving the consideration of the Shaftesbury Rural District Council.

It would appear that apart from the question of domestic sewage, a considerable proportion of the pollution is due to the effluents from various trade premises in the town and that actually these trade effluents are possibly doing as much as five times the amount of damage to the river as the whole of the domestic sewage. It seems clear, therefore, that the matter requires to be dealt with as soon as possible and that little further in the way of development in the town can be expected until a satisfactory system of sewerage and sewage disposal has been installed.

Okeford Fitzpaine. It is reported that a Sewage Disposal Plant has now been installed at the Milk Factory for dealing with the effluent and is working in a satisfactory manner.

Wimborne Minster. There is little further to report in connection with the pollution of the River Stour in this area and the definite proposals for a joint sewerage scheme are being awaited from the District Councils concerned.

HOUSING.

Full details of the housing activities in the different Districts are given in Table VII on pages 42-43. A Table published in the Report of last year gave some indication of the relative activities in the different Districts and it is interesting to note that since that date the question has apparently received considerable attention in those Districts that might have been considered the least active.

In the Beaminster Rural District it is noted that Demolition Orders were made in respect of 30 houses. In the Wareham and Purbeck Rural District 17 Demolition Orders were made and undertakings not to use for human habitation until rendered fit were accepted in 28 cases.

In the Blandford Rural District 9 houses were found to be in a state so dangerous or injurious to health as to be unfit for human habitation and a further 28 houses were found to be not in all respects reasonably fit, but the action taken in respect of these houses is not clear.

It will be recollected that as far back as 1936 attention was called to the shortage and bad condition of the houses in Milborne St. Andrew. The 16 new houses subsequently decided upon are now nearing completion, but this will not deal with the shortage unless those then requiring houses have since left the District. It may also be felt that approximately three years is a somewhat lengthy period to be taken up for the provision of houses in this one village.

In the very small Rural District of Sherborne 58 houses were erected during the year for the purpose of re-housing displaced persons and for the general need, and the erection of a further 40 houses is to be undertaken during 1939. Thus this District Council now owns a total of 98 houses or a ratio of one house to approximately 50 of the population.

Considerable activity has continued in the Sturminster Rural District which, with now a total of 258 houses, has reached the ratio of approximately one house to 30 of the population.

The question of the demolition of unfit houses is very contentious but it must be stressed that a Medical Officer of Health would not wish to destroy any house of artistic merit if it could possibly be made fit to live in. Where houses exist, however, and are inhabited by human beings it is the duty of the Medical Officer of Health to report when they are unfit to live in and in some cases to recommend demolition when they cannot apparently be made fit at reasonable cost. In too many cases artistic merit is on the surface only and disappears when one views the interior.

Individual cases of unfitness are aften brought to my notice, particularly in cases where expectant mothers apply for admission to hospital as a result of their houses being so unfit as to render their confinements therein dangerous. All these cases are dealt with on their merits and when the houses have been inspected reports are sent to the Medical Officer of Health of the district that he may take such action as is considered necessary. Sometimes these are dealt with expeditiously, but occasionally this does not appear to be the case.

A report recently received in respect of an expectant mother may be cited :—

"Mrs. A. informed me that the house was condemned about four years ago.

"It consists of one living room and two bedrooms, and is in a very dangerous state. The plaster covering the walls of the interior is loose and in many places broken away exposing flints from which the walls are built. The floor is covered by uneven bricks, in places laid loosely over earth, and the window frames have large spaces around them admitting daylight. There are three large holes in the living room ceiling, which is also the bedroom floor. Two of these are filled in with books and papers and appear very dangerous. The bedroom walls have several large cracks in them reaching from ceiling to floor through which daylight can be seen and through which rain enters. Bedroom ceilings are in fairly good condition.

"There are no sanitary arrangements whatever, as the privy fell into ruin some years ago and it has

never been rebuilt. The cottage is occupied by Mrs. A. and her two children."

In one area of the County it would appear that old and disused railway coaches have been imported, divided into portions, and each portion let separately as a furnished house at about 10/- per week. It is to be hoped that such conditions will not be allowed to continue unduly.

The Dorchester Borough is responsible for the most outstanding work in connection with housing during the year. A detailed survey of all possibly unfit property in the Borough was carried out by the Medical Officer of Health and a comparative classification of the property made in accordance with a most ingenious system devised by the Officer himself. As a result all the property has been classified in order of demerit and it is possible to deal with the whole in successive stages. In all, 333 houses were inspected of which 191 would not be reported upon until a later date. The remaining 142 had been inspected in detail and 85 of them were recommended for demolition. It has since been decided to deal with these in three successive years and the first 35 houses will be dealt with at once in 11 clearance areas. It is pleasing to note that the Borough Council passed a vote of thanks to their Medical Officer of Health and their Housing Inspector for the very able report which was presented to them and for the amount of work entailed.

Housing (Rural Workers) Acts, 1926-38.

Steady progress in the re-conditioning and improvement of houses under these Acts is reported throughout the year without any exceptional activity.

The following Table shows the number of houses dealt with in the various Rural Districts during the year as compared with 1937:—

District		1938.	1937.
Beaminster	 	 5	5
Bridport	 	 0	2
Blandford	 	 11	4
Dorchester	 	 22	21
Sherborne	 	 6	10
Sturminster	 	 7	11
Shaftesbury	 	 6	17
Wareham	 	 2	2
Wimborne	 	 12	10
			
		71	82
			-

The following is a summary of the applications dealt with to 31/3/39:—

	Total Grants						
Considered.	Approved.	Disapproved	Deferred.	Withdrawn.	or Loans authorised.	No. of dwellings.	
314 Not proceeded with by applicants after approval Subsequently disapproved by Council	272 20 6	(a) Grants.		12	£ 41019 2870 800		
4*	26 246	(b) Loans.	_	_	$ \begin{array}{c} $	400	
Not proceeded with by applicants after approval	1	*Applications	for Loans	and Grants.	145		

MILK SUPPLIES.

There has been no change during the year in the general administration of the various Acts and Orders with regard to milk.

Milk (Special Designations) Order, 1936. The number of Tuberculin Tested and Accredited Licences in force on the 31st December, 1938, are shown in the following Table which also shows the number of these Licences that were in force a year previously:—

Licences.	31st De	cember, 1938.	31st Dece	ember, 1937.
Tuberculin Tested	•••	151		86
Accredited	•••	377		325
. T	otal	528	Total	411

Pasteurising Licences are issued by the Sanitary Authorities and it was reported last year that in Circular 1533 of 24.4.36 the Minister of Health had called the attention of Sanitary Authorities to the importance of the efficient supervision of Pasteurising Plants, the necessity for frequent inspections in order to ensure that the methods adopted were continuously satisfactory and that a test was now available for ascertaining whether milk had been efficiently pasteurised or not.

It was further reported that it seemed very doubtful whether the supervision exercised by Sanitary Authorities was satisfactory or whether they were aware of the grave responsibility that they accepted as a result.

With the bulking of milk supplies it cannot be too strongly stressed that pasteurisation seems to be absolutely essential from a public health point of view and this is no doubt accepted to-day by a large body of public opinion. Whether it is accepted or not, however, is entirely irrelevant so far as Sanitary Authorities are concerned in carrying out their duties under this Order.

When a licence to produce Pasteurised Milk is issued by a Sanitary Authority it is the duty of that Authority to safeguard the purchasers of that milk by ascertaining that the pasteurisation is being properly carried out. The simplest way of doing this in our present knowledge is by means of the Phosphatase Test to which attention was also called by the Minister of Health in the above-named Circular. Its application would enable the Authorities to deal with cases in which raw milk is being sold as pasteurised and would also facilitate the detection of defects in pasteurising apparatus or in its working.

The following is a report from those Districts where licenced Pasteurising Plants are in existence and also shows the number of Phosphatase Tests that have been carried out during the year:—

Licences, Te	ests.
1	0
i	3
3	0
2	20
Pistrict *	3
2	0
n	24
District 1	0
*	0
1	0
2	0
1 1	0
3	6
2	2
.,, 1	0
	
Totals 22	58
District 2 1 1 1	24 0 0 0 0 0 0 6

^{*} Supplementary licences to sell only.

It will be observed that apart from the two Supplementary Licences to sell only there is a total of 22 Licences in the County and that only 58 Tests have apparently been carried out during the year.

Of the larger towns it would appear that only Weymouth and Swanage have properly interpreted their responsibilities and it is somewhat surprising that in the case of Poole where a large proportion of the milk sold is probably pasteurised that apparently these tests have not been carried out. The tests for count or the presence of B. Coli alone are not sufficient.

The facilities for carrying out the Test are available at the County Laboratory for those Authorities who lesire to make use of them.

Milk and Dairies (Consolidation) Act, 1915. The following are the results of samples taken during the year:—

No. of local samples	•••		•••	72
No. of local samples found to be tuberculous	•••		•••	4
No. of tuberculous samples reported from London	•••		•••	1
No. of cases in which the infection was traced		•••		3
No. of cases in which the infection was not traced	•••		•••	2

These samples are taken from milk of all grades and are too few in number for any general conclusion to be drawn.

ADMINISTRATION OF THE SALE OF FOOD AND DRUGS (ADULTERATION) ACT, 1928.

In consequence of representations having been received from the Ministry of Health, the County Council made arrangements to undertake the duties under this Act in the Borough of Weymouth as from 1st January, 1938

The following are the Analysts' Reports for the year ending 31st December, 1938.

Report of County Analyst for the County area (excluding the Boroughs of Poole and Weymouth):—

During this period 501 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928. The details of these samples are as follows:—

	Formal:—						
	Foods:—						
Beer Brandy Bread and Butter Butter	3 2 4 6 Drugs :—	Dairy Cream Ice Gin Milk Rum	 2	2 3 253 2	Vinegar, Malt Whisky		1 12
Iodine, Tincture of	1						
Total	289						
1 otat							
	Informal:—						
	Foods:—						
Almonds, Ground	4	Dried Parsley	•••	1	Orange Juice, Sweeter	ned	1
Arrowroot	1	Dripping	•••	3	Pearl Barley	•••	1
Baking Powder	1	Egg Powder	•••	1	Peas, tinned	•••	2
Beans, tinned Beer	2	Egg, Substitute	•••	I 1	Pepper	•••	6 2
Bloater Paste	1	Essences Flaked Rice	•••	1	Pickles, mixed Rice	•••	2
Brawn	1	Flaked Rice	•••	$\frac{1}{2}$	Rice, Ground	•••	1
Buns, Dairy Cream	2	Flour, Self-raising		3	Sago		3
Butter	13	Fruit, tinned		1	Salmon, tinned		4
Cake, Fruit	2	Ginger, Ground		$\bar{3}$	Sardines, tinned		2
Cheese	7	Herrings in Tomato,			Sauce		2
Chocolate Biscuits	2	Tinned		1	Sausage		7
Chocolate Roll	2	Honey		3	Sausage, Lunch		2
Chocolate Sandwich	1	Jam		2	Sausage, Preserved		1
Cider	1	Jelly		1	Spice, mixed	• • •	1
Cocoa	2	Lard	•••	7	Steak, Minced	• • • •	1
Coffee, Ground	4	Lemonade Powder	•••	2	Sugar, Castor	•••	1
Coffee Essence Cornflour	2	Lemon Curd	•••	1	Sugar, Demerara	•••	1
C	$\begin{array}{ccc} \dots & 1 \\ \dots & 2 \end{array}$	Margarine Marmalade	•••	1	Sugar, Icing Sweets	•••	1 3
Cream Eclaire	•	Mart Drate	•••	1		•••	1
Cream Sandwich	1	N.C.11.	•••	2	Tapioca	•••	2
Currants	1	Milk, Condensed	•••	$\frac{2}{2}$	Vinegar	•••	$\frac{2}{2}$
Custard Powder	4	Mustard, Compound		1	Vinegar, Malt		7
Dried Fruits, Mixed	3	Nutmeg, Ground		1	Wine, Ginger		i
Dried Mixed Herbs	1	Oatmeal		2	Wine, Raisin		1

Almond Oil Ammoniated Quinine Tablets Ammoniated Quinine, Tincture of Aspirin Tablets Bismuth, Liquid Boracic Ointment Camphorated Oil	I	Orugs : 1 1 1 1 1 1 1 2 4	Comp. Glycerine Lemon and Ipecac Mixture 1 Epsom Salts 1 Eucalyptus Oil 1 Glaubers Salts 2 Glycerine 3 Glycerine permanganate of Glycerine 1 Gregory Powder 1 Gregory Powder 1 Godine Paint 1 Iodine Throat Paint 1 Iodine, Tincture of 7 Liquorice Powder, Compound Lysol Permanganate of Permanganate of Permanganate of Permanganate of Solive Oil Seidlitz Powder Solium Bicarbonate I Yeast Tablets Sulbhur, Flowers of	2 1 1 1 1 1 1 2 1
Total		46	Total Formal Samples 289 Total Informal Samples 212 Total of all Samples 501	

Total ... 166

Of all the samples examined 41 formal were adulterated and 2 informal. This represents a percentage adulteration of 14.1 of the formal samples and 0.9 of the informal samples. The percentage adulteration of all the samples was 8.5.

Of the 253 formal milk samples examined, 212 were genuine and of good quality, and 41 were adulterated. The average composition of the samples of genuine milk was Fat 3.67 per cent. and non-fatty solids 8.88 per cent., which is very satisfactory.

Twenty-seven of the adulterated samples of milk were deficient in fat to the extent of 58, 28, 22, 20, 17, 15, 13, 10, 10, 9. 8, 7, 6.6, 6, 6, 6, 6, 6, 5, 4, 4, 3, 3, 2, 2, 2, 2, and 1 per cent. respectively, and 14 contained added water to the extent of 10.3, 9.8, 8.5, 8.4, 8.2, 7.0, 5.3, 3.0, 2.3, 2, 2, 2, 2 and 1.6 per cent. respectively.

The percentage of milk samples adulterated during the year was 16.2 which shows an increase when compared with the figure for 1937.

The number of adulterated milk samples is greater than usual, but the total includes 3 abnormal milks in which the Freezing Point was genuine though the non-fatty solids were below the presumptive standard of the Sale of Milk Regulations, and 8 milk samples deficient in fat in which the Appeal-to-Cow sample was below presumptive standard.

Seven informal samples of Malt Vinegar were examined and one was found to be adulterated, being 10 per cent. deficient in Acetic Acid. All the remaining samples of Malt Vinegar were genuine and of good quality.

Eight samples of Tincture of Iodine were examined and seven were genuine and up to the standards of the British Pharmacopoeia, and one informal sample was deficient in Iodine to the extent of 4.5 per cent.

Two samples of Dairy Cream Ice were examined. The fat content was 2.61 and 5.62 per cent. respectively. The Ice Cream Munufacturers' Association is attempting to have definite standards fixed for Ice Cream. Class "A" with a Fat content over 8 per cent., and Class "B" with less than the standard for Class "A." If it is found possible to adopt these standards the general quality of Ice Creams should be improved, as at present only a small proportion reach Class "A" standard.

Nineteen samples of Butter were examined, they were all genuine and of good quality. They did not contain more than the permitted amount of moisture and were free from preservatives.

All the samples of tinned foods examined were genuine and free from any metallic contamination.

Ten samples of Sausage were examined. They were all genuine and free from preservative except in the samples where it had been declared.

Seven samples of cheese were submitted. They were all genuine with a good percentage of Fat and free from any metallic contamination.

Thirty-eight samples of Drugs were examined, and all except the sample of Tincture of Iodine were found to comply with the requirements of the British Pharmacopoeia.

All the other samples examined during the year were genuine and of good quality.

Report of Analyst for Borough of Weymouth :-

	ple s lysed		Samţ Analy				mples alysed
Almonds (Ground)	2	Dripping		1	Pepper		1
Apricots (Dried)	1	Fruit, Dried		1	Pickles		1
Aspirin Tablets	2	Fruit, Salad (tinne	ed)	2	Raisin Wine		1
Beer	2	Gin	•••	1	Rice, Ground		1
Bicarbonate of Soda	1	Glycerine		1	Salmon, Tinned		1
Bismuth Carbonate	1	Gregory's Powder		1	Sardines		1
Blackcurrant Flavoured		TT		1	Sausages		2
Fruit Wine	1	Jelly		1	Sausages, Preserve	ed	1
Brandy	1	Liquorice Powder			Sauce, Tomato		1
Bread and Butter	4	Compound		1	Soup Powder		1
Butter	4	Meat Paste—Turk	ey		Sweets		1
Cake—Cream and		and Tongue		2	Tincture of Iodine	9	2
Jam Sponge	1	Milk (taken from			Whisky		1
Carbolic Ointment	1	vendors)	5	66	,	_	
Castor Oil	1	Milk (taken from					119
Cheese	2 .	a school)		1	"Appeal to Cow"	,	
Chocolate Sandwich	1	Milk, Condensed		1	milk samples		3
Cornflour	1	Olive Oil		1		_	
Cream Puffs and		Orange Fruit Wine	e,				122
Cream Buns	6	non-alcoholic		1		_	

Milk. Twelve samples were unsatisfactory by reason of deficiency in milk fat in the respective proportions of 2, 3, 4, 5, 7, 10, 10, 10, 12, 15, 15 and 23 per cent. of the normal quantity of fat as indicated in the Sale of Milk Regulations.

The samples taken on "Appeal to Cow" gave the following results:-

Total Milk		Milk Solids other
Solids.	Milk Fat.	than Milk Fat.
12.20	3.12	9.08
11.70	2.80	8.90
12.55	3.65	8.90

In one case it will be seen that there was a natural deficiency in fat.

Cream Puffs. One of the samples of cream puffs described as "Dairy Cream Puffs," was found to contain not real cream, but an artificial preparation of which not more than one-tenth of the fat was derived from milk. In a subsequent sample purchased formally, the cream was found to be real dairy cream containing no admixture of other fat.

"Blackcurrant Flavoured-Fruit Wine." This was not "fruit wine," but a beverage consisting of a non-alcoholic solution of sugar, coloured and flavoured. It contained sulphur dioxide as a preservative, but within the limit allowable for "non-alcoholic wines," fruit juices, etc.

Sausages. One of the samples of sausages (not sold as preserved sausages) contained sulphur dioxide, but in a quantity within the limit that would have been permissible had the presence of preservative been duly declared to the purchaser.

Fruit Salad. Two samples of fruit salad were free from any objectionable impurity, but the quantity of fruit—the usual mixture of pears, apricots, peaches, cherries, pineapple, etc.—contained in the tins was abnormally small compared with the quantity of syrup. The total contents of the tins weighed 16 ounces and 16\frac{3}{4} ounces respectively, but when the liquor was poured off it was found that the weight of the fruit was in one case only 5\frac{1}{2} ounces and in the other case only a little over 6 ounces. In some well-known brands of fruit salad examined for comparison, the total weight of the contents of the tins was about the same, namely 17 ounces, but the fruit, when drained from liquor, weighed 11 ounces and 12 ounces.

SAMPLES TAKEN IN SEPARATE DISTRICTS, AND RESULTS:-

Boroughs.

DORCHESTER.

BLANDFORD. Beans (Tinned), Coffee, Dried Fruit, Milk (5), Pepper (2), Rice, Sauce, Sausage (Beef), Zinc Ointment.

Adulterated Samples: - One milk. Seller cautioned.

BRIDPORT. Butter, Coffee, Chocolate Cake, Gregory Powder, Lard, Margarine, Milk (19), Sweets, Pepper, Real Cream Eclairs, Sauce, Sausage (Pork), Scalded Cream Butter.

Adulterated Samples:—Four milk. Three cases seller cautioned; other case seller prosecuted and fined 10/-.

Acetic Acid Glacial, Almond Oil, Beer, Brandy, Butter, Castor Oil, Cheese, Chocolate Biscuits, Cocoa, Coffee (Ground), Cream Buns, Eucalyptus Oil, Fruit (Dried), Gin, Lemon Curd, Lemonade Powder, Lime Water, Milk (20), Sulphur, Flowers of, Yeast Tablets.

Adulterated Sample: - One milk. Seller cautioned.

LYME REGIS. Dripping, Glaubers Salt, Honey, Milk (11).

Adulterated Sample:—One milk. Seller prosecuted and case dismissed on payment

of £5 5s. 0d. costs.

Dried Fruit, Glycerine, Lemon and Honey, Ground Ginger, Milk (6), Quinine Tablets, SHAFTESBURY.

ammoniated, Salmon (tinned), Sausage (Breakfast).

WAREHAM. Cream Buns, Gin, Ginger (Ground), Lard, Liquorice Powder Compound, Milk (3), Sausage,

Almonds (Ground) (2), Apricots (Dried), Aspirin Tablets (2), Beer (2), Bicarbonate of Soda, Bismuth Carbonate, Black Currant Flavour Fruit Wine, Brandy, Bread and Butter WEYMOUTH.

(4), Butter (4), Cake, Cream and Jam Sponge, Carbolic Ointment, Castor Oil, Cheese (2), Chocolate Sandwich, Cornflour, Dairy Cream Buns, Dairy Cream Puffs (5), Dripping, Fruit, Dried (Mixed), Fruit Salad (Canned) (2), Gin, Glycerine, Gregory's Powder, Honey, Iodine, Tincture of (2), Jelly, Liquorice Powder (Compound), Meat Paste (2), Milk (60), Milk (Condensed), Olive Oil, Orange Fruit Wine, Pepper, Pickles, Raisin Wine, Rice (Ground), Salmon (Tinned), Sardines, Sauce (Tomato), Sausage (3), Soup Powder, Sweets,

Whisky. Adulterated Samples:—Thirteen milk. Six cases seller cautioned. Two cases seller prosecuted and case dismissed. One case seller prosecuted and fined £2 2s. 0d. with £1 11s. 0d. cost. One case seller prosecuted and fined £5. Sausage. Black Currant Flavour Fruit Wine. Dairy Cream Puffs. Two

Fruit Salad (Canned).

Urban Districts :---

Almonds (Ground) (2), Arrowroot, Butter, Cake (Fruit), Cheese (2), Cod Liver Oil, Cornflour, Cream, Glycerine, Lard, Milk (24), Mustard, Orange Juice, Pepper, Quinine, Sago, PORTLAND.

Sausage (2), Tea, Vinegar (Malt), Whisky (2), Zinc Ointment.

Adulterated Samples:—Five milk. Sellers cautioned.

SHERBORNE.

Brawn, Butter (2), Cream, Custard Powder, Dairy Cream Ices (2), Egg Powder, Flour, Glaubers Salt, Gin, Ginger Wine, Honey, Iodine Throat Paint, Iodine, Tincture of, Milk (13), Peas (Tinned), Pepper, Pickles (2), Rum (2), Sausage (Beef), Seidlitz Powder,

Sugar, Icing, Tea, Whisky (8).

Adulterated Samples:—Three milk. Sellers cautioned.

Bread and Butter, Butter (2), Chocolate Biscuits, Chocolate Roll, Honey, Lard, Milk (14), SWANAGE.

Nutmeg (Ground), Parsley (Dried), Raisin Wine, Steak (Minced), Vinegar (Malt).

WIMBORNE. Almonds (Ground), Chocolate Roll, Cream Sandwich, Dripping, Marmalade, Milk (8),

Rice (Ground), Sugar.

Rural Districts:

Butter (2), Cocoa, Ground Almonds, Ground Ginger, Iodine Paint, Iodine, Tincture of, BEAMINSTER.

Lard, Milk (7), Rice.

Butter, Castor Oil, Custard Powder, Flour, Jam (Apricot), Lard, Lysol, Milk (11), BLANDFORD.

Vinegar (2), Vinegar (Malt).

Adulterated Sample:—One Milk. Seller cautioned.

BRIDPORT. Butter, Milk (19), Oatmeal, Olive Oil.

Adulterated Samples: -Two milk. Sellers prosecuted and fined 1/3d. and 7/6d.

costs in each case.

DORCHESTER. Beer, Butter (2), Cake (Fruit), Cheese, Custard Powder, Dripping, Egg Substitute, Flour, Herbs (Mixed), Herrings in Tomato, Iodine, Tincture of, Lemonade Powder, Milk (18),

Milk (Condensed), Peas (Tinned), Sardines (Tinned), Sausage, Vinegar (Malt) (3), Whisky.

Adulterated Samples:—Five milk. Two cases seller cautioned. One case seller prosecuted and fined £3. Vinegar (Malt), seller cautioned.

SHAFTESBURY. Butter, Castor Oil, Flour, Glycerine, Lemon and Ipecac. (Compound of), Lard, Milk (8),

Paste (Meat), Permanganate of Potassium, Spice (Mixed).

SHERBORNE. Cider, Milk (5), Pearl Barley, Salmon (Tinned), Sausage (Beef), Tapioca, Vinegar (Malt).

Butter (2), Bismuth Liquid, Beans (Baked), Coffee Essence, Glycerine (2), Iodine, Tincture STURMINSTER.

of (3), Milk (13), Vinegar (Malt).

Adulterated Samples: - Four milk. One case seller cautioned. One case seller prosecuted and fined £1 with £2 2s. 0d. costs. Iodine, Tincture of.

WAREHAM.

Almonds (Essence of), Aspirin Tablets, Bread and Butter (2), Butter (2), Camphorated Oil, Castor Oil, Cheese, Currants, Fish Paste, Flour (Plain), Iodine, Tincture of, Milk (23), Milk (Condensed), Pepper, Rice (Flaked), Sago, Salmon (Tinned) (2), Sardines, Sausage, Sweets.

Adulterated Samples:—Seven milk. Four cases seller cautioned. One case seller prosecuted and fined £1.

WIMBORNE.

Baking Powder, Beer (2), Boracic Ointment, Brandy, Bread and Butter, Camphorated Oil, Cheese (2), Coffee Essence and Chicory, Coffee (Ground), Custard Powder, Epsom Salts, Iodine, Tincture of, Jam, Liquorice Powder (Compound), Milk (28), Oatmeal, Orange Jelly, Petroleum Jelly, Pineapple (Tinned), Sago, Soda, Bicarbonate of, Sugar, Sweets.

Adulterated Samples:—Five milk. Four cases seller cautioned. One case seller prosecuted and case dismissed on payment of £5 5s. 0d. costs.

INFECTIOUS DISEASE.

The year has again been most favourable in connection with the incidence of infectious disease and the total number of cases notified is smaller than in any of the past five years. In Lyme Regis the only notification in the year was one case of Scarlet Fever.

The distribution of the cases is shown in the Tables on page 34.

Enteric. A total of 10 cases was notified during the year and this figure seems to be very constant. Apart from the epidemic year of 1936, when 232 cases were notified, the figures during the previous 5 years have been 9, 15, 9, 9, respectively.

Scarlet Fever. With a total of 433 cases notified this condition accounts for more than half of the total of all notifications. The condition seems to have been fairly evenly distributed throughout the County with the exception of the two Shaftesbury districts, where there has been marked and persistent incidence for several years past.

The Shaftesbury Borough seems to compare very unfavourably with other comparable populations in the County for at least five years and for about three years past this also applies to the Shaftesbury Rural District. Both these District Councils must have been put to considerable expense as a result and they might consider the advisibility of requesting a detailed investigation by their Medical Officer of Health.

In this connection it is reported that there are Public Swimming Baths at Shaftesbury and Gillingham and that in neither case is any action taken by the respective Councils to ensure the satisfactory condition of the water. It is not considered likely that this could be a cause of the infection but it is a possibility that cannot be ruled out and in any case it is a matter that requires attention.

Public Swimming Baths elsewhere are reported to receive the necessary treatment for purification of the water.

Diphtheria. This condition has almost entirely been confined to Weymouth and Portland, with a total of 44 out of 74 cases in the County as a whole.

The scheme of immunisation started in Weymouth a few years ago should take effect in due course but it is noted that the number immunised is not very large as yet. One hundred and thirty-four children are reported to have received doses of immunising sera in 1938 and this is small compared with 759 reported from Poole where, however, the scheme has been in operation for many years and no doubt become very popular. In Portland it is understood that a scheme has now been started but no children were actually immunised in 1938.

In the remaining areas of the County it should be noted that schemes for immunisation have been approved in the two Dorchester Districts, the two Wareham Districts, Swanage Urban District, and the two Wimborne Districts. In the two Dorchester Districts the work seems to have somewhat faded out as no immunisations are reported to have been carried out in 1938.

In none of the remaining districts of the County would it appear that schemes have been approved and the matter should receive the consideration of the respective Medical Officers of Health for report to their Councils. As an active Public Health measure it should be considered particularly in connection with the possible influx of refugees under the Evacuation Scheme of the Government. Children of a rural area have little chance of acquiring natural immunity and the introduction of town children with acquired immunity and a number of carriers might well cause an extensive outbreak.

Hospital Accommodation for Infectious Disease.

Following numerous conferences with authorities concerned the scheme adopted by the County Council in 1933 has since been duly amended on the lines forecast in my report of last year.

The five Districts in the north of the County under the amended scheme are required to unite and form a Joint Hospital Board. This Board once formed will then be able to use any hospitals of its own or to contract with other hospitals outside its area. Further, as the area is one selected for combining in the appointment of a whole-time Medical Officer of Health, the question of dealing with infectious disease in the five Districts should be much simplified.

No great loss will be felt at the elimination of the small Isolation Hospital owned by the Blandford Rural District Council and the two Blandford District Councils are now required to contract in company with the five Wimborne, Wareham and Swanage District Councils for the use of the Alderney Hospital at Poole.

The n mber of beds required in the Hospital owned by the Bridport Joint Hospital Board in accordance with the scheme adopted by the County Council in 1933 have not as yet been provided and form the subject of adverse comment from time to time. The number of beds then decided upon is understood to have been based on population and applied in the scheme throughout the County. On this basis the figures cannot be considered unreasonable and there is certainly no reason to treat one County area differently from another. The fact is that this small area is hardly of sufficient size to support a hospital at all and under present conditions it is more than likely that the Hospital is usually empty except in an epidemic when it may become grossly overcrowded. Such conditions can only be regarded as a menace to the health of the individuals unfortunate enough to be admitted and it is certainly essential that there should be a proper spacing of the beds

VENEREAL DISEASE.

The adaptation and equipment of the premises for the Clinic at Weymouth were taken in hand towards the end of the year and have since been completed. The Clinic should be open for treatment of patients from the beginning of June 1939 and the openings of the Dorchester Clinic will then be reduced to one per week.

Negotiations for a Clinic to be established at the Cornelia Hospital, Poole, have been almost completed and the actual design of the new building has been agreed upon. Details of the necessary agreement between the Hospital Authority and the County Council are now being entered into and it is hoped that as soon as these are completed the building will be put in hand at once.

The activities of the Dorset Branch of the British Hygiene Council in 1938 were included in my Report of last year.

The number of new cases treated during the year is shown in the Tables below, together with the numbers dealt with during the past ten years:—

•						
TREATMENT CENTRE.	Dorchester (Civil Cases)	Bournemouth.	Yeovil.	Salisbury.	Dorchester (Port Cases).	Total.
Number of persons dealt with during the year at or in connection with the Out-patient Clinic for the first time and found to be suffering from: Syphilis	9 2 40 20	15 	3 -6 6	1 1 8		28 2 132 60
Total	71	126	15	10		222
Total number of attendances at the Out-patient Clinic of all patients residing in the County Aggregate number of "In-patients days" of all patients residing in the County	1039 36	*2785 257	123	196	_	4143
Number of doses of Arsenobenzene compounds supplied to Private Practitioners	-	_	-	_	-	123

^{*} Includes attendances at Irigation Clinic.

Table	showing	number	of persons	dealt	with for	the first	time	during	the past	10 yea	ars:—
Year		1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
New Case	es .	165	177	181	220	180	244	161	168	202	222

Bournemouth Clinic. The Medical Officer, Dr. A. Vaughan Facey, reports as follows:— "Male Irrigations.

As I explained last year it has been found that patients who live at any distance from the Hospital carry out their irrigations more regularly and with better results if, after careful instruction, they are supplied with the apparatus to irrigate at home. Roughly 70% of all patients irrigate at home. The number of irrigation attendances included in the report therefore only represents about 30% of the total. The Bournemouth Health Committee have not yet authorised the appointment of a whole-time attendant for the irrigation room. Two trained attendants are on duty to instruct patients during clinic hours and are available on request daily from 9 a.m. to 6 p.m., while they are at work in the laboratory. The record of the number of male irrigations is kept by means of a slate on which the patients write their numbers. Sulphanilamide.

During the first ten months of the year all cases of gonorrhoea were treated with sulphanilamide tablets as a routine. The period of treatment was thereby shortened considerably but it was thought wise not to shorten the period of observation. During the last two months of the year Tab. M & B 693 has been substituted for the sulphanilamide with a very definite improvement in the results, the majority of the cases clearing up dramatically.

Cessation of attendance prior to completion of Treatment.

The number of patients in this category is still too high, and I very much regret that the Borough Health Committee have been unable so far to see their way to the provision of a social worker. I am hoping this decision will be reconsidered as I look upon such assistance as being urgently necessary for the Clinic, particularly with a view to securing more regular attendance."

Ophthalmia Neonatorum.

The number of cases notified and treated during the year are shown in the Table below :—

	Notified	Trea At Home	In Hospital	Vision unimpaired	Vision impaired	Total Blindness	Deaths	Under Treatment 31/12/38.
Poole Borough	2	-	2	2	-	_	_	_
Weymouth Borough	6	6	- 1	6	_	-	-	_
County Area	10	8	2	10	-	_	-	-
	18	14	4	18	_		- 1	_

There is no change in the administration of these cases which are now notified direct to the Medical Officer of Health of the Maternity and Child Welfare Authority as being the Authority responsible for providing treatment, copies of such notifications being then forwarded to the Medical Officer of Health of the District oncerned.

BLIND PERSONS ACT, 1920.

There has been no change in the method of dealing with applications for admission to the Register and his seems to be working smoothly.

The following table shows the number of cases dealt with:—

Total No. of cases approved for admiss	sion to the	Blind R	egister du	ring 1938	354.	
Certified by County Medical Staff	•••	•••	•••	•••	•••	24
Certified by Ophthalmic Surgeons		•••	•••		•••	29
Registered in other Counties and mov	ed to Dor	set during	g year	•••	•••	1
						54

CANCER.

There is no change to report in the facilities that were made available in the County for the Radium Treatment of Cancer at the Royal South Hants and Southampton Hospital in May, 1937.

The Clinic at the County Hospital in Dorchester continues to be held on the second Wednesday of every month when the Radium Officer is able to see any patients sent to him by general practitioners in consultation with surgeons on the staff of the Hospital.

The after history of these patients who have received Radium Treatment is being followed up and is shown in the Tables below:—

The following are the numbers dealt with during the year 1938:—

Attendances at clinic		•••	•••	•••	•••	 207
Admissions to Royal South	Hants and	d Southam	pton Hos	spital		 32
Re-admissions to Royal Sou	th Hants	and South	ampton	Hospital		 17

The results of treatment in these 32 cases admitted during 1938 are up-to-date reported as follows:-

Died	•••		3	No improvement	•••		1
Improved		•••	12	No sign of disease	•••	•••	11
Lost sight of	•••	•••	2	Recurrence	•••	•••	2
				Not treated	•••		1

Results of treatment in the 34 cases admitted during 1937 :-

Died	 	11	No improvement	 	5
Improved	 •••	3	No sign of disease	 	11
Recurrence	 	4	•		

Results of treatment in the case of 18 patients admitted during 1936 :-

			-	0		
Died	•••	•••	8	No sign of disease		 7
Improved	•••	•••	1	Recurrence	•••	 1
Lost sight of			1			

As in the case of Tuberculosis it cannot be too strongly urged that early medical advice should be sought on the first appearance of any tumour. The prognosis in those cases seen at a reasonably early stage is usually favourable.

TUBERCULOSIS.

No change has occurred in the general arrangements under this Scheme.

The building of the new Sanatorium-Hospital at Linford has, it is understood, been unavoidably delayed and its completion therefore cannot be expected before the end of 1940 at the earliest.

Difficulty is being experienced in obtaining beds for male patients at the present time and the completion of the building at Linford may be regarded as a matter of urgency.

The Orthopaedic work at Beckford Lodge has continued on the same lines as before with the close cooperation of the Bath and Wessex Hospital which is much appreciated. The shortage of nurses has, however, continued to be very keenly felt and this question seems to be becoming more and more urgent. A second Nursing Orderly has recently been appointed as a result but this raises other difficulties particularly in connection with their accommodation.

Further attention has been given during the year to the question of the late notification of Tuberculosis and information has been prepared for submission to the Local Medical and Panel Committee for consideration.

The following report has been compiled by Dr. Clark and a short report by Dr. Morgan on his work at the Dorset County Home has also been included:—

During the year 1938 the total number of deaths from all forms of Tuberculosis was 116, of which 90 were from Pulmonary Tuberculosis and 26 from other forms.

[&]quot;Incidence and Mortality.

The following Table shows the number of deaths registered and the death-rates per 1,000 population in the past decennium:—

_						
D	•	•	ca	h	c	

Deanis	•										
				4	All forms	•					
Year	•••	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Deaths	•••	163	203	184	161	143	134	138	122	116	116
Death-rate	•••	0.67	0.84	0.77	0.67	0.59	0.55	0.56	0.49	0.46	0.45
				1	Pulmonar	y.					
Year		1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Deaths	• •••	133	159	146	125	107	101	123	106 ^	89	90
Death-rate	•••	0.55	0.66	0.61	0.52	0.44	0.41	0.49	0.42	0.35	0.35
				I	Von-Pulm	nonary.					
Year		1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Deaths		30	44	38	36	36	33	15	16	27	26
Death-rate	•••	0.12	0.18	0.16	0.15	0.14	0.13	0.06	0.06	0.10	0.10

It will be noted that, despite an increase in the population, the number of deaths from Pulmonary Tuberculosis is, for the second successive year, maintained at two figures. This is, needless to say, very satisfactory but it should be noted in passing that such factors as housing, family incomes, early diagnosis and suitable treatment, and last but not least proper after care should all be taken into account in dealing with this important problem.

These various factors will be dealt with under appropriate headings; suffice it to say here that one is impressed with the existing bad housing conditions and the extreme poverty in a large proportion of cases dealt with.

Notifications.

During the year 1938 the total number of primary notifications from all forms of Tuberculosis was 213, of which 147 were from Pulmonary Tuberculosis and 66 from other forms.

The following Table shows the number of primary notifications of new cases of Tuberculosis in the past decennium:—

Year	•••	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Pulmonary	•••	242	240	220	236	192	185	195	165	146	147
Non-Pulmonar	У	7 8	90	95	73	89 .	7 9	60	77	78	66
All forms	•••	320	330	315	309	281	264	255	242	224	213

It will be observed that the number of Pulmonary cases is approximately the same as last year, whereas the number of non-pulmonary cases shows a decline. The reduced number of notifications of Pulmonary Tuberculosis during the past five years is due very largely to the greater facilities available to Practitioners in the matter of diagnosis.

In this latter respect it may be noted that the new Clinic, complete with X-Ray department, in Dorchester was opened during November and, already, it can be said to be more than justifying its existence.

The following is an analysis of the 66 cases of non-pulmonary Tuberculosis notified during the year:

Spine	•••	•••	6	Glands	•••	•••	24
Bones and Joints			16	Peritoneum		•••	7
Kidneys	•••	•••	8	Brain	•••		3
Other Organs			2				

Non-notification of fatal cases.

Twenty-one cases were not notified before death and in response to a routine enquiry sent out in these instances the following replies were received:—

					Pulmonary	Non- Pulmonary	Total.
Doctor only in attendance	e shortl	y before	death			-	_
Complicated case, presen	ting diff	iculty in	diagnosis		3	1	4
Misinterpretation of Tub fication believed to			tions and	noti-	_	1	1
No doctor in attendance		•••			1	_	1
Temporary resident		•••			1		1
Attended by more that believed to have been					3	2	5
Other reasons					_	1	1
Notified after death	•••				4	4	8
			Total		12	9	21

Notification Register.

The following is an analysis of the register at the end of 1938:—

Number of cases of Tuberculosis remaining at the 31st December, 1938, on the Register		Pulmonary.	<u> </u>	No	n-pulmonar (,. 	Total
of Notifications kept by District Medical Officers of Health in the County	Males 33 5	Females 234	Total 5 69	Males 125	Females	Total 262	831

New Cases.

The total number of new cases examined during the year was 456. Of these, 99 were found to be suffering from Pulmonary Tuberculosis, 40 from non-pulmonary Tuberculosis, 18 remain under observation and 299 were diagnosed as non-tuberculous.

The new cases seen were classified as follows:-

ts	16
	6
	8
nds	10
	40

The following is a Table of the diagnoses arrived at in patients who were found to be non-tuberculous: -

Cardiac.			Intestinal—contd·			Glands—contd.		
Hypertension		1	Gastric Ulcer		2	Sinusitis		3
Auricular fibrillation		1	Duodenal Ulcer		- 1	Measles	•••	1
Mitral disease		2.	Catarrhal Jaundice	•••	ĩ	Whooping cough	•••	1
Myocarditis		2	•			Malnutrition		$\tilde{4}$
Coronary spasm		1	Thyroid.			Rickets		1
Rheumatic Fever	•••	3	Hyperthyroidism		3			^
	•••		Retrosternal Thyroid	Goitre	ĭ	Anaemias.		
Lungs.					_	Pernicious Anaemia		1
Bronchitis		62	Central Nervous System			Anaemia (secondary)		î
Bronchiectasis		24	Hysteria		1	Myelocytic Leukaemia		î
Pneumonia	•••	18	Noct. Enuresis		î			^
Asthma		9	Tabes Dorsalis		î	Undulant Fever		2
Primary infection	•••	1	Sciatica	•••	î	P.U.O		ī
Pulmonary fibrosis		$\tilde{2}$	Poliomyelitis		î	Menorrhagia		$\hat{\hat{2}}$
Spontaneous Pneumotl		$\overline{2}$	Renal.	•••	Î	Puerperal Fever		1
Pleurisy		$\bar{2}$	B. Coli infection		1	Endometrioma		î
Pneumokoniosis		3	Cystitis		î		•••	^
Arrested Pulmonary	•••	_	Acute Nephritis		î	Postural Scoliosis		1
Tuberculosis		16	radate replies	•••	^	Arthritis		î
Neoplasm		1	Glands.			Healed Tb. Spine		î
	•••		Adenitis		11	Synovitis		î
Intestinal.			Quinsy	•••	î	Chr. Osteomyelitis	•••	$\hat{\hat{2}}$
Visceroptosis		1	Ťonsillitis		$\hat{4}$	Non-tuberculous	•••	67
Intestinal adhesions		$\hat{2}$	Lymphadenoma		î	(not defined)	•••	0,
Old T.B. glands (Perito		$\bar{2}$		•••	^	(not defined)		
Enteritis		3	Otitis Media		1			
Constipation		2	Chr. Otorrhoea		î			
Threadworms		$\tilde{5}$			•			
Stornatitis		ĭ	Epistaxis		2			299
Gastritis		$\hat{2}$	Deflected Septum		ī			

Of particular interest were the two cases of Undulant Fever and one of Retrosternal Thyroid Goitre. All were sent originally as possibly suffering from Pulmonary Tuberculosis. In the latter case an operation was arranged at St. Bartholomew's Hospital, London, and the patient has since made a good recovery.

Dispensary Attendances.

The Dispensaries have been re-organised as was indicated in the Report for 1937.

The Poole Dispensary remains as before and serves the east of the County.

The New Clinic in Dorchester, as already noted, has been opened and serves the north and centre of the County, including Weymouth and Portland. Patients living in this part of the County and requiring refills now attend at this Clinic, which possesses up-to-date facilities.

The Bridport Dispensary remains as previously.

The Clinic at the Yeatman Hospital, Sherborne, is being held once a month and together with the Bridport Dispensary serves the purpose of promoting consultations and of seeing patients who cannot travel to Dorchester.

The following Table shows the incidence of Tuberculosis in the new cases seen at or in connection with the Dispensaries during the year as compared with the previous two years.

Adults and Children.

	777	Found to be Tuberculous.							
Year.	Year. Number Examined.	М.	Pulmonary. F.	Total.	M.	n-Pulmonar F.	Total.	All Forms.	
1936	419	63	54	117	26	26	52	169	
1937	376	58	34	92	17	21	38	130	
1938	456	60	39	99	2 2	18	40	139	

Children only.

7.7	777	Found to be Tuberculous.						
Year. Number Examined.		М.	Pulmonary M. F.		M.	on-Pulmona F.	Total.	All Forms
1936	112	3	5	8	16	10	26	34
193 7	92	1	_	1	8	7	15	16
1938	103	4	1	5	8	8	16	21

Home Visits and Consultations.

The following table shows the number of patients visited and the consultations held:—

Year.	Home Visits by Tuberculosis Officer.	Personal Consultations.	Other Consultations.
1936	507	189	636
193 7	276	117	664
1938	176	181	570

The marked fall in the number of Home visits is accounted for by the fact that in the previous two years a large number of visits were required for the purposes of revising the Notification Register and by the fact that the number of persons on the Register shows an appreciable decrease.

Examination of Contacts.

The number of persons examined in contact with cases of open Tuberculosis was 194, of these, 18 were found to be suffering from Tuberculosis.

The following Table shows the incidence in this important group during the past three years :- -

1936.		Males.	Females.	Children.	Total.
Examined		73	98	121	292
Found to be Tuberculous		5	11	1	17
1937. Examined		48	94	91	233
Found to be Tuberculous		2	14	6	22
1938. Examined	•••	46	88	60	194
Found to be Tuberculous		7	9	2	18

Mantoux Test.

This test continues to be utilised in children seen de novo or as contacts. The total number of children tested during the year was 35.

Artificial Pneumothorax.

All patients treated by this method have continued treatment at the Dorset County Home, Parkstone. The changes anticipated in this respect have already been indicated in that patients living in the centre and west of the County requiring refills will attend the Clinic in Dorchester.

The number attending during the year increased from 35 to 44. Of the increase in numbers 7 were male patients discharged from the Royal National Sanatorium, Bournemouth, to which a total of 37 patients were admitted in the course of the year. All patients attending for refills are much improved and some have returned to their occupations.

Beckford Orthopaedic Hospital.

During the year 37 patients were admitted, of whom 21 were females and 16 males.

The following is a classification of the cases:—

Bones and Joints--33

Other Organs---2

Sciatica—2.

Two deaths occurred in the Hospital during the year.

The X-Ray plant has been of great assistance to the Medical Staff and in the past 12 months 274 films were taken.

This work is done by Dr. Morgan who pays periodical visits to the Hospital.

Occupational therapy classes are held at the Hospital twice a week.

Dorset County Home, Parkstone.

Dr. Morgan reports as follows:--

" Admissions.

During the year 59 patients were admitted to the Home under the following groups:-

Observation cases	•••		12
T.B. Minus			13
T.B. Plus Group 1	•••	•••	5
T.B. Plus Group 2	•••		20
T.B. Plus Group 3	•••	•••	9
			59

Of the 12 observation cases admitted, Lipiodal investigation was carried out on 4 and these were found to be suffering from Bronchiectasis, 4 were found to be non-tuberculous, and the remaining 4 require further Dispensary observation.

There were 3 deaths, all occuring in cases of advanced Pulmonary Tuberculosis.

X-Ray Examinations.

The following are the particulars of X-Ray examinations and artificial Pneumothorax treatment carried out at the Home during the year:—

		Screenings	Films taken	A.P. inductions	A.P. refills
In-patients	•••	490	214	11	298
Out-patients	•••	731	703	_	837
Total		1221	917	11	1135

Artificial Pneumothorax treatment was attempted on 11 patients, and in 8 cases a satisfactory A.P. was obtained.

Altogether, 44 out-patients and 19 in-patients have received this form of treatment.

Pleural Effusions were replaced by air when necessary, 6 patients having been treated and the operation performed 25 times.

Tuberculous Empyemata, similarly, in two patients, have been washed out with Normal Saline at body temperature 15 times.

Investigations.

Blood Sedimentation Rates were estimated by the Westergren method 419 times (including 94 times on out-patients).

Gold Treatment.

Twenty-two patients have had Gold Treatment, and 191 injections have been given. On account of the reactions to the injections, this form of treatment was carried out on in-patients only, and in some cases, it was not possible to complete the whole course of injections:—

Full course given	•••	•••	7
Incomplete course due	to com	plications:	
Albuminuria		•••	5
Toxic Rash	•••	•••	1
Diarrhoea	•••	•••	7
Still under treatment		•••	2

Operative Treatment.

Where a satisfactory Artificial Pneumothorax has not been obtained on in-patients, operative treatment has been necessary as follows:—

Cautorization of Adhesions		•••	3 p	atients
Evulsion of Phrenic Nerve		•••	4	,,
Crushing of Phrenic Nerve	•••	•••	3	,,

Administration.

There have been not a few changes of Staff during the year, but I am pleased to report that, despite increasing work, the efficiency of the Hospital under the capable leadership of the Matron, Miss Hoe, has noticeably increased."

After-Care.

This is carried out as far as possible by the provision of milk grants, Shelters for living in the open air and anything else that can be done for individual cases.

Tuberculosis Health Visiting.

The number of patients reported upon during the year was 485, and the number of visits made 1330.

Analysis of Health Visitors' Reports on Patients.

Inquiries made by Health Visitors.	Affirmative Replies.	Negative Replies.
Observing rules for Treatment satisfactorily .	460	8
Taking proper precautions	457	11
Using sputum flask	229	*239
Sleeping alone in a separate bedroom	288	†180
Sufficient nourishment	445	23
Properly looked after	461	7
Requiring special nursing	3	465

^{*}No sputum

Public Health Act, 1936-Section 172.

No action has been taken by the Council under this Section of the Act.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Action is reported to have been taken under these Regulations in the case of one patient in the Blandford Rural District.

Table I.

VITAL STATISTICS OF WHOLE COUNTY AND SEPARATE DISTRICTS DURING 1938.

				Bir	rhs.		DEA	THS.	
		Population estimated to Middle of	N	nber	Live	Under 1 y	vear of age.	At al	l ages
		1938.	Live	Still Births.	Rate.	Number.	Rate per 1000 Live Births.	Number.	Crude Death Rate.
Whole (COUNTY	252240	3535	138	14.0	155	. 43	3095	12.2
Urban Districts	Blandford Bridport Dorchester Lyme Regis Poole Portland Shaftesbury Sherborne Swanage Wareham Weymouth Wimborne	3316 5732 10230 2715 68860 12240 3058 6419 5970 2496 32810 4054	41 67 141 29 1043 140 48 66 65 34 486 51		12.3 11.6 13.7 10.6 15.1 11.4 15.6 10.2 10.8 13.6 14.8 12.5	3 7 6 2 49 11 2 2 ———————————————————————————————	73 104 42 68 46 78 41 30 — 43	52 87 157 37 788 98 40 62 90 27 418 59	15.6 15.1 15.3 13.6 11.4 8.0 13.0 9.6 15.0 10.8 12.7 14.5
Total of U	RBAN DISTRICTS	157900	2211	83	14.0	103	46	1915	12.1
Rural Districts	Beaminster Blandford Bridport Dorchester Shaftesbury Sherborne Sturminster Wareham Wimborne	7635 7-56 6895 15670 8301 5060 8073 17120 18330	126 84 79 211 110 95 74 259 286	3 2 4 12 7 2 4 14 7	16.5 11.5 11.4 13.4 13.2 18.7 9.1 15.1 15.6	9 4 2 14 3 — 2 7 11	71 47 25 66 27 —————————————————————————————————	102 88 115 193 112 54 107 190 219	13.3 12.2 16.6 12.3 13.4 10.6 13.2 11.0
Total of R	URAL DISTRICTS	94340	1324	55	14.0	52	39	1180	12.5
England an	d Wales				15.1		53		11.6

The corrected death-rate for the Urban Districts is 10.5 and that for the Rural Districts 10.1.

These figures take into consideration the sex and age of the populations, and are based on calculations made by the Registrar General to enable a more accurate comparison to be made with other areas in the Country.

^{†126} of these had no sputum and were therefore probably non-infective.

TABLE II.

Cases of Infectious Diseases, other than Tuberculosis, notified during the Year 1938, and number of cases removed to Hospital.

URBAN DISTRICTS.

	-	$\overline{}$	_		_		_	_	_	$\overline{}$	$\overline{}$	-	$\overline{}$											$\overline{}$	$\overline{}$	
Notifiable Disease.	TANBUM.	- BLANDFORD.	Face	- BRIDPORT.	DORCHESTER.	- DORCHESIEK.		- LYME KEGIS.		- POOLE,	PORTLAND.	FORTPRINE	Vandonar	SHAFTESBURY.	awaoaaans	SHERBORNE.		SWANAGE.	No strange strain	- WAKEHAM.	WEVMOITTE	WEIMOORII	awaoamm	- WIMBORNE.	ses Notified.	es removed to
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed	Total Cases	Total Cas
Small Pox Scarlet Fever Diphtheria Enteric Pneumonia Puerperal		_ _ _ _	3 1 - 3	3 - -	3 1 7	- 3 - 1 4	 - - -		142 10 3 24	133 10 2 —	16 12 —	13 12 —	22 1 1	19 - 1 1	7 - 12	7 — —		- 2 1 - 1	-4 - 7		45 32 7	45 32 —		14 1 1	261 56 6 74	24
Fever Puerperal Pyrexia Erysipelas Dysentery	3 2	2	3 —	2 2 -	4 2	2	=	— —,	\} 8 15 2	5 2	1 2 —	_	_	_	22	1 _ _	2		1 5 —	1	\\ \frac{1}{7} -	2		_ _	18 43 6	
Encephalitis Lethargica Cerebro-spinal Fever Poliomyelitis Ophthalmia			_ _	_	— — 1	_ _ 1	- = -	_ _	1 1 2	_ =	- =	_ =	_	_ 	_ _	_ _	1 _	_ 	- - -	1 1 1	_ _ 1	_ _ 1	_ _1 _	_ _ _ _	2 2 5	-
Neonatorum Malaria Totals	1 - 10	5	12	7	18	11	1	1	2 210	2 158	32	25	24	21	23	8	16	4	17	_ 	6 - 102	80	20	17	12 — 485	34

RURAL DISTRICTS.

	Rolling Distriction.																			
Notifiable Disease.		BEAMINSTER.		BLANDFORD.		BKIDPOKI.	Transcription of	DOKCHESIEK.		SHAFIESBURY.		- SHERBORNE.		SIUKMINSIEK.		- WAREHAM.		- WIMBORNE.	Total cases notified.	Cases removed to Hospital.
	No. of	No.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	Total c	Total Ca
Small Pox Scarlet Fever Diphtheria Enteric Pneumonia Puerperal	17	5 -		9 - 3	9 - 1	7 -	19 1 - 7	19 1 	29 1 - 7	16 1 —	— 11 — 1	8 -			59 3 1 4	53 3 1	16 4 3 3	9 4 2	172 18 4 40	136 14 3 8
Fever Puerperal Pyrexia Erysipelas Dysentery Encephalitis	4		5	5	1	1	9 8	8 7		1 1 1	1		3 —	1	2 4 10	_	5 1 —	2	15 28 18	15 7
Lethargica Cerebro-spinal Fever Poliomyelitis Ophthalmia Neonatorum		$\begin{bmatrix} -1 \\ 2 \end{bmatrix} \begin{bmatrix} -1 \\ 2 \end{bmatrix}$		=	1 11 1		_ 1 2	_ 1		- - 1	_ _ _ 1		1 - 1		3 -	3 -		_ _ _	4 5 6	3 4 1
Malaria Totals	. 30	5 24	27	17	11	8	50	44	40	18	14	8	13	1	86	60	34	17	1 311	197

 $\begin{array}{c} \text{TABLE III. (a).} \\ \text{Causes of and Ages at Death during the Year, 1938.} \\ \\ \text{WHOLE COUNTY.} \end{array}$

				Nett De	ATHS OF "		TS" WHE		CURRING			
CAUSES OF DEATH.	All ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and upwards
All Causes.	3095	155	25	29	30	57	84	126	257	446	783	1103
Typhoid and Paratyphoid Fevers Measles Scarlet Fever Whooping Cough Diphtheria Influenza Encephalitis Lethargica Cerebro-spinal fever Tuberculosis of Respiratory system Other Tuberculous Diseases Syphilis General Paralysis of the insane, tabes dorsalis Cancer, Malignant Disease Diabetes Cerebral Haemorrhage, &c. Heart Disease Aneurysm Other circulatory diseases Bronchitis Pneumonia (all forms) Other Respiratory Diseases Peptic ulcer Diarrhoea, etc. Appendicitis Cirrhosis of Liver Other diseases of Liver, &c. Other diseases of Liver, &c. Other diseases of Liver, &c. Other diseases Scute & Chronic Nephritis Puerperal Sepsis Other Puerperal causes Congenital Debility and Malformation, Premature Birth, &c. Senility Other Violence Other Defined Diseases Causes ill-defined or unknown	90 26 6 10 437 48 204 845 12 197 78 144 28 31 12 15	2 1 1 3 1 - 3 1 - - - - - - - - - - - - -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1								
		155	-				- 04	100	057		700	
Totals	3095	155	25	29	30	57	84	126	257	446	783	1103

Table III. (b). Causes of Death at all Ages in each District during the Year 1938.

Total for whole County.	3095	1006 2823 330 228
Total Rural Districts		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Мімвовив	219	
Макенам	190	
STURMINSTER	107	101032222 1 1 1 1 1 1 1 1 1
С иеквокие	54	
SHAFTESBURY	112	
РОРИНЕ В ТР	193	
Вкіррокт	115	
Вгаирговр	88	
ВЕРМІИЗІЕВ	102	1 1 1 1 1 1 1 1 1 1
Total Urban Districts	1915	172 174 178 178 179 174 174 174 175
Мімвовив	59	
Мехмоитн	418	1 1 1 1 1 1 1 1 1 1
Макенам	27	24 172 1 1 1 1 1 2
Змеивсе	06	
С НЕКВОКИЕ	62	
	40	
Роктьми	86	
Poole	788	1
LYME REGIS	37	
По вснезтек	157	
Бягртовт	87	
Вгуирьовр	52	
Causes of Death.	All Causes.	1. Typhoid and paratyphoid fevers 2. Measles 3. Scarlet Fever 4. Whooping Cough 5. Diphtheria 7. Encephalitis Lethargica 8. Cerebro-spinal fever 9. Tuberculosis of Respiratory System 10. Other Tuberculosis 11. Syphilis 12. General paralysis of the insane, tabes, &c. 13. Camer 14. Diabetes 15. Cerebral Haemorrhage, etc. 16. Heart Disease 17. Meart Disease 18. Other Circulatory Diseases 19. Bronchitis 19. Protunonia (all forms) 19. Other Respiratory Diseases 19. Protunosi, under 2 years 22. Peptic Ulcer 23. Diarrhoea, under 2 years 24. Appendicitis 25. Cirrhosis of Liver 26. Other diseases of liver 27. Other diseases of liver 27. Other diseases of liver 28. Acute and Chronic Nephritis 28. Acute and Chronic Nephritis 29. Puerperal Sepsis 30. Other Puerperal Diseases 31. Congenital Debility, Premature Birth, etc. 32. Senility 33. Suicide 34. Other Violence 35. Other Defined Diseases 36. Causes ill-defined or unknown 37. Causes ill-defined or unknown 38. Causes ill-defined or unknown
	Відровт Відровт Відровт Відровт Ворснеятер Ворснеятер Ворснеятер Вирровт Відровт Відр	23 Вымирговр 24 Вымирговр 25 Вымирговр 26 Вымирговр 27 Вымирговр 28 Вымирговр 29 Вымирговр 30 Вымирговр 30 Вырови 31 Вырови 32 Вымирговр 33 Вырови 34 Вырови 35 Вымивств 36 Вырови 37 Вымивств 38 Вырови 39 Вымивств 30 Вырови 30 Вымивств 30 Вырови 30 Вымивств 30 Вырови 31 Выминате 32 Выминате 33 Выминате 34 Выминате 35 Выминате 36 Выминате 37 Выминате 38 Выминате 39

TABLE IV. TUBERCULOSIS. STATISTICAL SUMMARY FOR THE YEAR ENDED 31st DECEMBER, 1938, OF CASES DEALT WITH UNDER COUNTY SCHEME.

NEW APPLICATIONS.

Number of	Insure 182	ed.	Non- Insured 217		Total. 399			Insured Non-insured	Puln]	nonai	puln	Non- nonary. 40	Tub	on- erculous 222	Obs vat 2	ion.	Total. 399
DI			RETU.			938.		NEW C	CASE				LIT	DUR	ING	1938	
	In	sured C	Cases	Non-	-insured	l Cases	Total	Age			VEW C			[DE	ATHS.	
Dispensary.	Old	New	Total	Old	New	Total	Insured andNon- Insured	r crious.	I	Pulm	on'y	Non-	Pul.	Pulmo	n'y	Non	-Pul.
				_					1	м.	F.	м.	F.	м.	F.	M.	F.
Dorchester	7	6	13	3	2	5	18	0	1	_ }	_	-	_	_		3	_
Bridport	4	16	20	1	15	16	36	1	1	2	_	6	4			3	3
Weymouth	22	43	65	17	46	63	128	5	П			3	4	,			
Poole	36	94	130	29	101	130	260	10		3		4	4	}	<u></u>	3	2
Totals	69	159	228	50	164	214	442	15		10	8	8	_	,			
			Total	attenda	inces.	•		20		9	8	2	3		7	4	2
Dispensary.	Ins	ured Ca	ises	Non-i	nsured	Cases	Total	25		16	21	7	5	15	9	3	t
Dispensary.	Old	New	Total	Old	New	Total	Insured and Non-	35		14	9	5	2	10	6	1	1
	Old	IVEW	Total	Oid	116W	Total	Insured	45	1	17	5	3	3	12	8	_	
Dorchester	. 8	6	14	3	3	6	20	55		11	11		_	11	3	-	
Bridport	26	17	43	7	15	22	65	65 and			Ì						
Weymouth	146	57	203	83	67	150	353	upwards	1	2	1	-		3	4	_	_
Poole	213	120	333	226	143	369	702			.				1			
Totals	393	200	593	319	228	547	1140	Totals	-	84	63	38	28	53	37	17	9

Return showing the work of the Dispensaries during 1938.

]	Pulmo	NARY.		No	n-Pul	MONA	RY.		Тот	ral.			
Diagnosis.	Adu	ılts.	Chile	lren.	Adı	ılts.	Chile	dren.	Ad	ults.	Chile	iren.		AND
	M.	F	М.	F.	M.	F.	М.	F.	M.	F.	M.	F.	To	OTAL.
A.—New Cases examined during the year (excluding contacts):— (a) Definitely tuberculous (b) Diagnosis not completed (c) Non-tuberculous	56	38 —	4	1 _	14 —	10	 8 -	8 -	70 10 106	48 6 113	12 1 49	9 1 31	139 18 299	456
B.—CONTACTS examined during the year :— (a) Definitely tuberculous (b) Diagnosis not completed (c) Non-tuberculous	7 —	8 -	<u>1</u>	=	=	1 —	1 -	Ξ	7 1 38	9 2 77	2 1 25	1 31	18° 5 171	194
C.—Cases written off the Dispensary Register as:— (a) Recovered (b) Non-tuberculous (including any such cases previously diagnosed	19	22	1	1	8	11	6	8	27	33	7	9	76 ·	582
and entered on the Dispensary Register as tuberculous)	_	_	_	_	-	\ —	_	-	155	205	77	69	5 06	J
D.—Number of Cases on Dispensary Register on December 31st:— (a) Definitely tuberculous (b) Diagnosis not completed	249	189	7	3	42	58 —	42	34	291 12	247 8	49 2	37 2	624 24	648
1. Number of cases on Dispensary Re January 1st, 1938	gister	on 	67 0				ses ret	urned			rge un	ther a der He		26
 Number of cases transferred to other ar not desiring further assistance u scheme, and cases "lost sight of" 	nder		39			ases w			uring 	the ye	ear as	Dead 	(all	77
5. Number of attendances at the D (including Contacts)		агу	2077							ons ui Decemb		omicil 	iary 	130
7. Number of consultations with practitioners:— (a) Personal (b) Other	medi	cal	181 570		8. N	umber homes	of v (inclu	isits iding	by Tu person	ibercul al con	losis (isultat	Officers ions)		176
9. Number of visits by Nurses or Health to homes for Dispensary purposes	Visit	ors	1330		(a) (b)	X-Ra	imens v exa	of spu minat	ions m	etc., ex ade ensary			•••	554 839
11. Number of "Recovered" cases res Dispensary Register, and included and A(b) above	in A		4		2 N	umber	of "	T.B.	plus '	_	on I	Dispen:	sа г у 	· 285

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis.

		In Institutions on Jan. 1st	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions. (4)	In Institution on Dec. 31st (5)
Number of doubtfully tuberculous cases admitted for observation	Adult males Adult females Children Total	. 2 3	12 6 20	3 12 8 23	= :	
Number of patients suffering from pulmonary tuberculosis	Adult males Adult females Children Total	29	62 50 2 114	51 45 3 99	5 3 - 8	27 31 58
Number of patients suffering from non- pulmonary tuberculosis	Adult males Adult females Children Total	6 21	12 21 24 57	16 21 26 63	2 1 1 4	12 5 18 35
GRAND TOTAL		. 102	191	185	12	96

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

		For Pulmonary Tuberculosis.							For		Т					
Diagnosis on discharge from observation.		Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.			Totals.		
observation.		М.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F	Ch.
Tuberculous		_	_	-	1	 -		_	-		_	_	_	1	_	_
Non-tuberculous		<u>-</u>	7	<u> </u>	2	4	-		- 1	-	<u> </u>	1	8	2	12	8
Doubtful		_	_	_					-	- 3	I		-	_		_
Totals	•••	_	7		3	4	-	_	-		- /	1	8	3	12	8

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

	ssification admission	Condition at				Ďυ	iratio	n of	Resid	lentia	l Tre	atme	nt in	the	Instit	ution	1.		
	to the stitution.	time of discharge.		but	er 3 m exceed 8 days			mon	ths.	6-1:	2 mo	nths.		re th		Г	otals		Grand Totals.
				М.	F.	Ch.	м.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch.	M.	F.	Ch.	
SIS.	Class T.B. minus.	Quiescent Not quiescent Died in Institution		2 2 —	<u>-</u>		9 3 —	2 3 —	=	=			Ξ	1 _	1 _	11 5 —	5 4 —	3	19 9
TUBERCULOSIS.	Class T.B. plus Group I.	Quiescent Not quiescent Died in Institution		=	1 1 —		1 2 —	1 1 -	Ξ	1	2 3 —		=		E	1 3 —	4 7 —		5 10
	Class T.B. plus Group II.	Quiescent Not quiescent Died in Institution		3			10 —	5	=	1 8 —	4				Ξ	3 22 —			3 37 —
PULMONARY	Class T.B. plus Group III.	Quiescent Not quiescent Died in Institution					Ξ						E		E				
	Тотаг	s (pulmonary)	•••	10	11	-	27	14	-	10	10	2	1	7	1	48	42	3	93
Tuberculosis.	Bones and Joints.	Quiescent Not quiescent Died in Institution		<u>2</u>	4 5 —	2 1 —		1 _	Ξ	$\frac{2}{-}$	1 1 -	1 2	4 1 1	<u>1</u>	2 3	6 3 1	7 6	5 6	18 15 1
	Abdominal.	Quiescent Not quiescent Died in Institution		=		<u>2</u> _		=	1	=		1 -	_	=		=	<u>2</u>	4	6
Non-Pulmonary	Other Organs.	Quiescent Not quiescent Died in Institution		1 1 1					=	1 1	=	Ξ		1 —		2 2 1		=	2 4 2
Non-P	Peripheral glands.	Quiescent Not quiescent Died in Institution		=		1 2 —			2 3 —		1		<u> </u>					3 5 —	3 6 —
	TOTAL	s (non-pulmonary)		5	13	8	_	1	6	4	3	4	6	2	5	15	19	23	57

^{*}Note.— Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this Table.

REPORTS of District Medical Officers of Health

(Abstract of Returns from County Districts).

TABLE V. SANITARY INSPECTIONS (SI	EPARATE DISTRICTS).
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URBAN	No. of	No. of	No.	No. of Statutory	No.	RURAL	No. of	No. of	No.	No. of Statutory	No.
DISTRICTS.	Inspections.	Informal Notices.	complied with.	Notices.	complied with.	DISTRICTS.	Inspections.	Informal Notices.	complied with.	Notices.	complied with.
BLANDFORD BRIDPORT DORCHESTER LYME REGIS POOLE PORTLAND SHAFTESBURY SHERBORNE SWANAGE WAREHAM WEYMOUTH WIMBORNE	31 379 2259 242 22629 1982 95 315 2112 58 3916 249	15 66 198 6 898 218 16 52 101 38 105 31	15 60 196 6 757 197 5 52 72 38 75 31	16 107 28 3 — 6 — 2 4	14 102 	BEAMINSTER BLANDFORD BRIDPORT DORCHESTER SHAFTESBURY SHERBORNE STURMINSTER WAREHAM WIMBORNE	789 86 699 752 1300 1157 1256 2333 879	41 4 28 21 32 303 68 97 91	36 4 28 18 28 103 60 95 85	4 111 3 4 — 10	3 10 3 4 10 —

TABLE VI. COWSHEDS AND DAIRIES (SEPARATE DISTRICTS).

URBAN DISTRICTS.	No. of persons on Register at end of 1938.	No. of dairy farms and other dairy premises on Register at end of 1938.	No. of dairy farms inspected during 1938.	No. of inspections during 1938.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1938.	No. of inspections.	No. of Notices served.	No. complied with.	RURAL DISTRICTS.	No. of persons on Register at end of 1938.	No. of dairy farms and other dairy premises on Register at end of 1938.	No. of dairy farms inspected during 1938.	No. of inspections during 1938.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1938.	No. of inspections.	No. of Notices served.	No. complied with.
BLANDFORD BRIDPORT DORCHESTER LYME REGIS POOLE PORTLAND SHAFTESBURY SHERBORNE SWANAGE WAREHAM WEYMOUTH WIMBORNE	8 29 20 21 260 25 16 12 9 5 42 5	8 10 8 21 36 22 16 15 22 3 115 5	6 8 7 36 8 16 15 14 3 22 5	10 11 21 309 106 16 30 60 18 47 17			8 4 9 8 all 6 1 5 8 7 7	24 12 20 24 603 34 1 10 30 		2 - 11 6 - 2 -	Beaminster Blandford Bridfort Dorchester Shaftesbury Sherborne Sturminster Wareham Wimborne	452 163 153 404 198 251 362 294 315	174 153 428 198 254 362 294	42 5 87 265 69 254 68 275 193	44 6 87 288 98 284 128 548 211	3 	 13 17 27 24 22 10 9	1 2 -9 2 35 5 -4	1 3 13 8 37 48 6		

TABLE VII.—HOUSING.

					URI	BAN D	ISTRIC	CTS.				
	BLANDFORD.	BRIDPORT.	Dorchester.	LYME REGIS.	Poole.	Portland.	SHAFTESBURY.	SHERBORNE.	SWANAGE.	Wareham.	WEYMOUTH.	Wimborne.
 Inspection of Dwelling-houses during the Year. (a) Total No. of dwelling-houses inspected (b) No. of inspections made for the purpose 	49 65	37 47	638 983	81 81	654 2275	415 861	1 3	280 690	219 450	46 70	420 566	30 50
 (2) (a) No. inspected and recorded under the Housing Consolidated Regulations (b) No. of inspections made for the purpose (3) No. unfit for human habitation 	35 44 10	5 17 6	197 317 2	19 19 9	255 959 11	74 222 5	1	12 15 5	98 225 59	35 56 22	119 215 53	10 16
(3) No. unfit for human habitation (4) No. not in all respects reasonably fit for human habitation	20	4	104	19	352	181	1	24	13	24	66	6
2. Remedy of Defects during the Year without Service of Formal Notices. No. of defective houses rendered fit by informal action	30	14	9	4	332	164	2	30	44	4	75	20
 3. Action under Statutory Powers during the Year. (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:— (1) No. of houses in respect of which notices were served requiring repairs (2) No. of houses which were rendered fit 	25	_	93	_	24	3	3	_	12	_	2	2
after service of formal notices:— (a) By owners (b) By L.A. in default of owners	25	=	90	_	10	2	_1	_	12	=	2	2
 (b) Proceedings under Public Health Acts:— (1) No. of houses in respect of which notices were served requiring repairs (2) No. of houses in which defects were 	-	_	145	_	8	-	_		60	-	3	6
remedied after service of formal notices: (a) By owners (b) By L.A. in default of owners (c) Proceedings under Sections 11 and 13 of the	=	=	143	=	8		=	=	60	=	3	6
Housing Act, 1936:— (1) No. of Demolition Orders made (2) No. of houses demolished (d) Proceedings under Section 12 of the Housing Act, 1936:—	_	5 7	2 6	9	4 4	5 5	=	=	1	=	13 41	2 2
(1) No. of Closing Orders made (2) No. of Closing Orders determined	_	=	_	=	4	1		_	_	=	_	=
4. Housing Act, 1936—Part IV.—Owercrowding. (a) (1) No. of dwellings overcrowded at the end of the year (2) No. of families dwelling therein (3) No. of persons dwelling therein	1 1 10	1 1 1 8	6 6 43	4 4 36	48 51 268	11 12 76½	=	11 11 57 <u>1</u>	1 1 4	=	71 71 427 <u>1</u>	_
(b) No. of new cases of overcrowding reported during the year (c) (1) No. of cases of overcrowding relieved	_	_	1	1	5	1		_	_	_	39	-
during the year (2) No. of persons concerned in such cases	=		=	3 18	20 131	31 150½	_	8 33	4 21	_	73 346½	=
5. Number of Houses. (a) Total No. of new houses erected during 1938 (b) No. erected during 1938 with State	6	19	38	_	751	72	35	7		8	47 9	30
Assistance:— (1) By Local Authority (2) By other Bodies or Persons	65	12 7 237	314	- 11 130	22 729 869	62	$\frac{9}{76}$	296	6 123	<u>-</u>	58 1098	- 120
(c) No. of houses owned by Local Authority (d) Approximate No. of working-class houses in District	900	1512	2500	370	14000	2168	600	1000	1000	439	7525	1000

	RURAL DISTRICTS.									
	Beaminster.	BLANDFORD.	BRIDPORT.	Dorchester.	SHAFTESBURY.	SHERBORNE.	STURMINSTER.	Wareham.	Wimborne.	
 Inspection of Dwelling-houses during the Year. (1) (a) Total No. of dwelling-houses inspected (b) No. of inspections made for the purpose (2) (a) No. inspected and recorded under the Housing Consolidated Regulations 	221 445 81	42 49	74 74 9	147 519 104	329 594	405 693 405	158 440 110	1013 1573 1002	501 529 165	
(b) No. of inspections made for the purpose (3) No. unfit for human habitation (4) No. not in all respects reasonably fit	89 113	9	9 8	250 25	21	693	206 48	1551 94	165	
for human habitation	62	28	16	73	68	272	42	129	63	
2. Remedy of Defects during the Year without Service of Formal Notices. No. of defective houses rendered fit by informal action	3	17	16	24	34	79	18	96	147	
 3. Action under Statutory Powers during the Year. (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:— (1) No. of houses in respect of which notices were served requiring repairs (2) No. of houses which were rendered fit 	_	_		2	42	_	16	_	_	
after service of formal notices:— (a) By owners (b) By L.A. in default of owners (b) Proceedings under Public Health Acts:—	=	=	_	_	4	3	<u>16</u>	=	=	
 (1) No. of houses in respect of which notices were served requiring repairs (2) No. of houses in which defects were remedied after service of formal notices; 	_	-	-	9	36	6	-	-	-	
(a) By owners (b) By L.A. in default of owners (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	_	=	=	9	<u>4</u>	<u>6</u>	=	=	_	
 (1) No. of Demolition Orders made (2) No. of houses demolished (d) Proceedings under Section 12 of the Housing Act, 1936 :— 	30	1	8 —	1 9	8	_	5 16	17 3	7 12	
(1) No. of Closing Orders made(2) No. of Closing Orders determined	=	_	_	=	=	<u>2</u>	_	3 2	1	
4. Housing Act, 1936—Part IV.—Overcrowding. (a) (1) No. of dwellings overcrowded at the end of the year (2) No. of families dwelling therein (3) No. of persons dwelling therein	7 7 62		6 6 30 1	23 24 196	17 17 111 <u>1</u>	1	=	3 3 9	30 31 164	
(b) No. of new cases of overcrowding reported during the year (c) (1) No. of cases of overcrowding relieved	2	_	<u> </u>	1	2	l –	1	-1	_	
during the year (2) No. of persons concerned in such cases	1 5	1 9	_	13 112	16 58	=	1 9	15 86	5 33	
5. Number of Houses. (a) Total No. of new houses erected during 1938 (b) No. erected during 1938 with State	9	12	43	51	13	_	101	_	102	
Assistance :— (1) By Local Authority (2) By other Bodies or Persons		4	-	12	_	33	90	-	24	
(c) No. of houses owned by Local Authority (d) Approximate No. of working-class	52	42	83	184	139	98	258	84	204	
houses in District	1600	1902	1600	4269	1500	1501	1898	3400	3690	

PORT SANITARY DISTRICTS.

PORT OF BRIDPORT.

MEDICAL OFFICER OF H	ealth—]	Dr. ADAM	ARMIT.
No. of vessels	entering	port in 19	38 :
Coastwise	•••		56
Foreign			10

PORT OF LYME REGIS.

Medical Officer of Health—Dr. ADAM ARMIT.

No. of vessels entering port in 1938:—

Coastwise 14

Foreign 10

PORT OF WEYMOUTH.

MEDICAL OFFICER OF HEALTH—DR. M. J. SAUNDERS. (The Port of Weymouth includes Portland Roads and Weymouth Harbour).

The following table shows the number and registered tonnage of steam and sailing vessels entering Portland Roads and Weymouth Harbour during 1938:—

			No.	Tonnage.
Coastwise	•••	•••	1172	295378
Foreign	•••	•••	802	920451
		Totals	 1974	1215829

Supervision of Foodstuffs. The following represents the principal Unsound Foodstuffs destroyed during the year:—

lbs.			lbs
 152	Lemons		68
 25	Tomatoes		1670
 22	Puddings		94
 23	Shelled Peanuts		224
•••	152 25 22	152 Lemons 25 Tomatoes 22 Puddings	152 Lemons 25 Tomatoes 22 Puddings

Weight of unsound foods destroyed:—1 ton, 1 qr. 10 lbs.

The total number of Rats destroyed during the year were :-

On vessels		and Wareh		68
In Docks, Quays,	Wharves		ouses	480
		Total	•••	548

STATEMENT FROM REPORT OF SANITARY INSPECTOR. MR. GEORGE H. SMITH.

Number of Ships inspected in the Port during the year 1938:—

Where Inspected Weymouth 240	Portland 481		No. of Notices served.	No. com plied with
Informal Notices Statutory Notices		100	48	
		_		
Total served .		•••	100	48

(In many cases one Notice covered Several Nuisances).

PORT OF POOLE.

MEDICAL OFFICER OF HEALTH—DR. R. J. MAULE HORNE, M.B., D.P.H.

No. of vessels entering port in 1938 :—

Coastwise 1304

Foreign 205